SIGN REMOVAL VOLUNTEER APPLICATION

NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

E-MAIL ADDRESS:_____

DRIVER'S LICENSE NUMBER:_____

DATE OF BIRTH:_____

WILLING TO SUBMIT TO BACKGROUND CHECK: Y:_____ N:_____

AMOUNT OF TIME WILLING TO COMMIT :_____

SAFETY VEST SIZE:_____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION:_____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION:_____

VEHICLE MAKE, MODEL, TAG NUMBER, EXPIRATION:_____

I understand that this is an application to be a volunteer to remove signs from public property, and is not acceptance into the program nor authorization to remove signs. Further, I agree to not remove any signs until I have been accepted into the program, and authorized to remove signs from public property.

SIGNATURE_____ DATE_____

Options for returning the completed form:

e-mail: jcjohnson@wichita.gov

fax: 858-7907

mail: Atwater NCH, 2755 E. 19th St. N., Wichita, KS 67214

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