



# Communities Pulling Together Application Form



## Group Information

Name of Group: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

Preferred site location: \_\_\_\_\_

Dates group is available  
(End of May to August): \_\_\_\_\_

Estimated # volunteers:     >10     20     30    Other: \_\_\_\_\_

How did your group hear about the program?  
 poster     website     radio     paper     word of mouth

Does your group hold liability insurance that will cover this event  
(minimum \$2 million liability)?  
 yes     no

## Special thanks to:



## Honorarium

Honorarium (\$250) cheque to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## Make a Difference!

### Mail this form to:

**Suite 19, 622 Front Street  
Nelson, BC V1L 4B7**

Crystal Klym  
CKIPC Coordinator  
250 352-1160  
[coordinator@kootenayweeds.com](mailto:coordinator@kootenayweeds.com)  
[www.kootenayweeds.com](http://www.kootenayweeds.com)

## Group's responsibility:    Coordinator's responsibility:

- |  |  |
|--|--|
| <input type="checkbox"/> Minimum 10 volunteers             | <input type="checkbox"/> Weed disposal |
| <input type="checkbox"/> Good shoes; no sandals            | <input type="checkbox"/> Refreshments  |
| <input type="checkbox"/> Long pants                        | <input type="checkbox"/> Garbage bags  |
| <input type="checkbox"/> Travel to site                    | <input type="checkbox"/> Gloves        |
| <input type="checkbox"/> First Aid Kit                     |  |
| <input type="checkbox"/> Liability insurance (\$2 million) |  |
| <input type="checkbox"/> Pickup truck (if possible)        |  |

**A successful community pull event  
requires at least  
one adult for every five children.**

*We commit to meeting the group requirements for a  
Community Weed Pull event, as listed above:*  
  
Signature: \_\_\_\_\_