



## Community Group Outreach Application January - December 2012

I. Applicant: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_ work \_\_\_\_\_  
 Preferable contact hours/time: \_\_\_\_\_  a.m.  p.m.  
 Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

II. Name of meeting/event you would like us to speak at? \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
 Location: \_\_\_\_\_  indoor  outdoor  
 Please describe parking situation. \_\_\_\_\_

Number of attendees?  1-25  26-50  51-75  76-100  101-150  Over 150  
 Number of Castro Valley Sanitary District (CVSan) residents: \_\_\_\_\_  
**For larger groups (approx. 50) microphone will be provided.**  Yes  No  
 If staff unavailable to attend, do you have alternate dates?  Yes  No  
 Alternate Dates: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
 Location: \_\_\_\_\_  indoor  outdoor  
 Length of meeting/event? \_\_\_\_\_  
 Amount of speaking time allocated: \_\_\_\_\_

III. Please select from the following suggested List of Topics:

- Events/Outreach Programs/Projects:
- Alameda County Single-Use Bag Ban
  - Bay Area Green Business Program
  - Bay Friendly Landscaping (BFL)/Curbside Organics
  - Bring Your Own Bag (BYOB) Tote Bag
  - Community Advisory Committee (CAC)
  - CVSan Recycles Day Event
  - Donations and Grants
  - Earth Day Clean-Up: "Go Green C.V. Clean!"
  - General CVSan Operations Overview
  - Green Ribbon School Program:  Staff  Students
  - Household Hazardous Waste (HHW):  Pharmaceuticals
  - LeaR<sup>4</sup>n Workshop (various topics including those shown on [www.cvsan.org/learn](http://www.cvsan.org/learn))
  - Recycling Programs:  Business  Residential
  - Food Scrap  Multi-Family (Apartment/Condo)
  - School Recycling Programs:  Food Scrap Refresher  General Refresher
  - Staff Presentation  Training (Monitors / Students Staff)

- Used Motor Oil Recycling
- Use Reusables
- The 4Rs: Reduce, Reuse, Recycle & Rot
- Wastewater Treatment: How Can I Make a Difference?
- Waste Management of Alameda County (WMAC):
  - Code Enforcement
  - Contract
  - Resources
  - Services
  - Other
- Other \_\_\_\_\_

Please describe what you plan to do (outreach) with the information CVSan presents.

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IV. Please select from the following Brochures/Guides/Promotional Item Handouts (CVSan to Provide). Please note that some items are date-sensitive and may not be available.

- Calendar/Annual Reports
- Commercial (Business) Services Guide
- Donation and Supply Request Form
- Multi-Family & Supply Flyers
- Residential Curbside Services Guide (2009-2014)
- School Services and Green Resources Guide
- Stop Junk Mail Kit
- Used Oil:  DVD  Funnels  Jugs/Filter Bags  Sponges

V. Please complete this section if you are interested in **expanding** your recycling program:

Name: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_ work  
 Preferable contact hours/time: \_\_\_\_\_  a.m.  p.m.  
 Email Address: \_\_\_\_\_

VI. Has the CVSan made a presentation at your organization in the past?

Yes  No. If yes, when and what items were discussed?  
 \_\_\_\_\_

*If available, please attach up to three (3) documents of supporting documentation that may help in the evaluation of this application request.*

VII. **Staff will contact you regarding your application.**

Disclaimers:

- An application does not constitute that CVSan will provide a speaker.
- First come, first served, based on request. CVSan anticipates 10 speaking engagements per year.
- Speaking engagements are intended for Castro Valley residents/businesses/groups. Preference may be given to groups with a higher percentage of CVSan attendees.
- CVSan may request your participation in a follow-up survey.

*The above information is correct to the best of my knowledge.*

X \_\_\_\_\_

**Signature**

**Date**

Please fax signed and completed form to: 510-537-1312 or email a scan to [contact@cvsan.org](mailto:contact@cvsan.org).  
 Thank you.

**For CVSan Office Use Only:**

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Number of CVSan attendees: \_\_\_\_\_

Staff Available:  Yes  No

Staff Presenter: \_\_\_\_\_

Approved  Rejected Reason (if rejected): \_\_\_\_\_

By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Response by: \_\_\_\_\_ Date: \_\_\_\_\_

Written Response Sent Via:  U.S. Mail  Email  Fax

By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Brochures/ Guides/ Promotional Item Handouts gathered by: \_\_\_\_\_

Presentation Outline by: \_\_\_\_\_