Volunteer Application

Pharr Recycling Center

Keeping Pharr Beautiful... Starts at Home

Basic Information

Applicant Name_____**DOB**_____

Group or Club Name_____

Parent(s) /Guardians Name_____

School Name_____

Email Address_____

Signature_____**Date**_____

Please email to grace.gonzales@pharr-x.gov or fax to: (956)702-8664

Pharr Public Works