# Adopt-a-Highway Volunteer Participant Activity Report

**All participants must have a signed Adopt-a-Highway Volunteer Registration Form on file with WSDOT.**

| Name of Organization | Agreement Number |
|---|---|
| Name of Group Leader | |

| Date | Participant Name (Please print) | Last Four Digits of Social Security Number | Hours Worked | | |
|---|---|---|---|---|---|
| | | | From | To | Total |
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Number of Bags Picked Up _____ Total Hours This Sheet

List any activities accomplished other than litter control:

**Completion of this form after each event is required by law to secure provision of program medical aid benefits.**

**Return completed form within seven calendar days after each litter pick up to:**