

Adopt-a-Highway Volunteer Activity Report

Report submittal for each event is required to secure program medical aid benefits in the event of injury. Signing indicates you reviewed the Pre-Activity Safety Plan and all safety requirements before each litter pick up event.

nization					
p Leader					
Date	Participant Name (Please Print)	Participant Name (Please Sign)	Hours Worked		
Date			From	То	T
					1
					\top
					+
ber of Bags Filled					

List any activities accomplished other than litter control:

Completion of this form after each event **is required** to secure provision of program medical aid benefits, in the event of an injury.

Complete form within seven calendar days after each event. Submit online at https://wsdot.wa.gov/maintenance/roadside/cleanup, or return completed form to:

Local Coordinator