



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.

Organization					
Group Leader					
Date	Participant Name (Please Print)	Participant Name (Please Sign)	Hours Worked		
			From	To	Total
Number 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 http://fmapps.wsdot.wa.gov/fmi/iwp/res/iwp_auth.html, or return completed form to:

Local Coordinator