



# Adopt-an-Airport Volunteer Participant Activity Report

Agreement Number		Organization			
Date	Participant Name (Please Print Clearly)	Last 4 Digits of SSN	Hours Worked		
			From	To	Total

List any activities accomplished other than litter control:

**Total Hours This Sheet** \_\_\_\_\_

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

**Return completed form within seven (7) days after each airport work party to:**

Adopt-an-Airport Coordinator  
WSDOT Aviation  
7702 Terminal Street SW  
Tumwater, WA 98501-7264