Please attach Volunteer Activity Roster to this Report.

Name: ____________________________  Organization: ________________________

Phone Number: ________________________  Email: ___________________________

Location: ________________________________________________________________

Date of Activity: _________________  Start Time: _________   End Time: __________

How many total volunteers participated? _____________________

How many bags of trash were collected? ______________________________________

Please describe and give approximate location of any collected bags and if there were any large, heavy or bulky items that the City needs to collect?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Were there any hazardous, toxic, or otherwise unacceptable items (needles, syringes, broken glass, chemicals, etc.) that were marked with flags and need to be collected by the City? Please describe and give approximate location.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Were there any unusual incidents or injuries during the clean up?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

To activate insurance, please return this form and Volunteer Activity Roster within 3 days:

Scan & Email:  
- tdonati@kentwa.gov  
- pwops@kentwa.gov  
- trusbuldt@kentwa.gov

or Mail:  
City of Kent  
220 4th Ave S  
Kent, WA 98032  
Attn: Tony Donati/Adopt-A-Spot Program

or Fax:  
253-856-6500