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? _____________________
Of the total, how many youth between ages 15 and 17 participated? _____________
How many bags of trash were collected? _______________________________
How many bags of recycle debris were collected? _______________________________

Were there any large, heavy or bulky items that the City needs to collect? Please describe and give approximate location.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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-Street Program

or Fax:
253-856-6500