



TeamUp2CleanUp Volunteer Activity Report

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 or select "Submit":

- tdonati@kentwa.gov
- pwops@kentwa.gov

or Mail:

City of Kent
220 4th Ave S
Kent, WA 98032
Attn: Tony Donati/TeamUp2CleanUp Program

or Fax:

253-856-6500