

Adopt-a-Highway Volunteer Participant Activity Report

All participants **must** have a signed Adopt-a-Highway Volunteer Registration Form on file with WSDOT.
 Last four digits of Social Security Number used for identifications purposes only for L&I coverage.

Name of Organization					
Name of Group Leader					
Date	Participant Name (Please print)	Last Four Digits of Social Security Number	Hours Worked		
			From	To	Total
Number of Bags Picked Up _____			Total Hours This Sheet		

List any activities accomplished other than litter control:

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

Return completed form within seven calendar days after each litter pick up to:

Department of Transportation
 Adopt-a-Highway State Program Manager
 PO Box 47358
 Olympia, WA 98504-7358