



Adopt-a-Highway Volunteer Activity Report

Report submittal for each event is required to secure program medical aid benefits in the event of injury. Signing indicates you reviewed the Pre-Activity Safety Plan and all safety requirements before each litter pick up event.

| Organization _____ | | | | | |
|-----------------------------|------------------------------------|-----------------------------------|--------------|----|-------|
| Group Leader _____ | | | | | |
| Date | Participant Name (Please Print) | Participant Name (Please Sign) | Hours Worked | | |
| | | | From | To | Total |
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| Number of Bags Filled _____ | | | | | |

List any activities accomplished other than litter control:

Completion of this form after each event **is required** to secure provision of program medical aid benefits, in the event of an injury.

Complete form within seven calendar days after each event. Submit online at http://fmapps.wsdot.wa.gov/fmi/iwp/res/iwp_auth.html, or return completed form to:

Local Coordinator