Submit

Washington State Department of Transportation

Adopt-an-Airport Volunteer Participant Activity Report

Agreement Number	Organization

Date	Participant Name (Please Print Clearly)	Last 4 Digits of SSN	Hours Worked		
			From	To	Total

List any activities accomplished other than litter control:

Total Hours This Sheet _____

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

Return completed form within seven (7) days after each airport work party to:

Adopt-an-Airport Coordinator
WSDOT Aviation
7702 Terminal Street SW
Tumwater, WA 98501-7264