



Adopt-A-Street Program

Participant Roster Form

Volunteer Group: _____

Volunteer Group Leader: _____

Date of Clean-Up: _____

Street(s): _____

Number of Volunteers: _____

Number of Hours Worked: _____

Start Time:

End Time:

Number of Trash Bags: _____

Locations of Trash Bags (cross-street, corners etc):

Any accidents, injuries, or incidents? Describe/name individuals, nature of incident, etc...