



ADOPT-A-SPOT VOLUNTEER TOOL REQUEST FORM

Name of Individual/Group: _____

Name of Primary Contact: _____

Address: _____

Phone Number: _____ Email: _____

Adopted Spot: _____

Number of Planned Volunteers: _____

All supplies are to be picked up and returned at the Dept. of Public Work's Corporation Yard located at 1700 Walsh Avenue, Santa Clara, CA 95050 between 8 a.m. and 4 p.m. Return all unused trash bags, unused gloves, buckets, vests and litter sticks.

Tool Pickup Appointment: _____ Tool Return Appointment: _____

Please indicate what supplies are needed and the quantities:

<input type="checkbox"/> Trash bags _____	<input type="checkbox"/> Gloves _____	<input type="checkbox"/> Litter sticks _____
<input type="checkbox"/> 5-gallon buckets _____	<input type="checkbox"/> Vests _____	

CLEAN-UP REPORT FORM

Name of Individual/Group: _____ Cleanup # _____

Date of Cleanup: _____ Number of hours: _____ Number of Volunteers: _____

Number of full bags of litter collected: _____ Number of partial bags of litter collected: _____

Location of bags to be collected by staff: _____

Three most prevalent items:

1. _____
2. _____
3. _____

Comments: _____

Please return completed form with borrowed tools on the day of your return appointment.