



**City of Stanwood  
Volunteer Participant Roster**

**Group Name:** \_\_\_\_\_

*Please use the name posted on sign*

**Name of Group Leader:** \_\_\_\_\_

**Phone # of Group Leader:** \_\_\_\_\_

**Location of Work:** \_\_\_\_\_

Waiver Signed	Date	Participant Name	Phone #	Hours Worked		
				From	To	Total Hours

---

**Please return completed list within seven (7) calendar days after each litter pickup to:**

City of Stanwood  
Public Works Department  
10220 270th Street NW  
Stanwood, WA 98292