



Adopt-A-Drain Program



Thank you for your interest in the Surface Water Utility Adopt-A-Drain Program. This program is a partnership between the City and its residents to care for our 7,000+ storm drains by keeping the opening to the drains free from leaves and other debris. Your assistance is greatly appreciated in preventing localized flooding and improving water quality within our watersheds.

Task

Monitor and remove accumulated debris from selected storm drain(s) as needed during the storm season, **October through March**.

Tools available by request:

- Safety vest
- Rubber gloves
- Trash pick-up tool
- Bucket

Safety Precautions

- Participants are advised that working adjacent to a city street can be hazardous. Wear a reflective vest and protective gloves, provided by the City. Always check for traffic before entering the roadway.
- Never remove the drain grate or attempt to remove clogs from beneath the grate. This creates a hazard and may not unclog the system.
- Do not pick up items that have the potential to be hazardous or cause injury, such as heavy objects or items like syringes, broken glass, animal carcasses, etc. These kinds of materials should be flagged and the City notified as soon as possible to arrange for proper disposal.
- Never attempt to clear debris from a storm drain or culvert if there is moving water greater than six inches.

Storm Drain Monitoring

- Look for accumulated leaves and debris. During the winter season, shovel aside snow which can also prevent water from entering drains.
 - Look for cracks or damage to the grate or storm drain frame.
 - **Call (206) 801-2700 to report any damage.**
 - Look for evidence of fluids entering the storm drain other than rainwater (i.e. paint, motor oil, soapy water). **Call City Hall at (206) 801-2700 to report illegal dumping.**
- Separate out any debris that is not yard debris, such as soda cans, cardboard, etc., and put it in your garbage or recycling.
- Empty leaves into your green yard debris cart or compost bin (Note: It is not recommended to use compost derived from street leaves in edible gardens).

Documentation

- Contact Surface Water Utility at (206) 801-2420 or clovelace@shorelinewa.gov to report your clean-up. Hours are reported at the end of each quarter:
 - 4th quarter: October, November, December
 - 1st quarter: January, February, March
- Provide **name, date of work, start and end time, and total volunteer time.**



City of Shoreline

Surface Water Utility
17500 Midvale Avenue North
Shoreline, WA 98133-4905
(206) 801-2700 ♦ Fax (206) 801-2785

ADOPT-A-DRAIN PROGRAM AGREEMENT

Name _____ E-mail Address _____

Address _____ Telephone _____

Drain Location & Count _____

Do you already clear the storm drain occasionally? YES NO

Does the storm drain have a history of being blocked with debris? YES NO

I am volunteering on my own behalf: YES NO

I have carefully read and understand the guidelines for the Adopt-A-Drain Program (hereinafter referred to as "the Program"), and I hereby acknowledge and assume the following responsibilities:

1. I will follow the Adopt-a-Drain Program Guidelines, abide by the rules of the road and use due care and caution while participating in the Program.
2. I will only use the City-provided kits and instructions for their intended purpose.

I have read and reviewed this agreement and understand the terms of our participation.

Signature

Date

PLEASE RETURN TO: Surface Water Utility, City of Shoreline, 17500 Midvale N., Shoreline, WA 98133



City of Shoreline

17500 Midvale Avenue North

Shoreline, WA 98133-4905

(206) 801-2700 ♦ www.shorelinewa.gov

INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

I hereby volunteer my services to perform volunteer work for the City of Shoreline. I understand I will not be compensated for my work but I volunteer to do the work in a responsible manner and to abide by all relevant city policies. If I decide to discontinue my volunteer service I will notify the City of Shoreline.

I understand this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand the following:

- I will abide by all City policies regarding personal conduct while performing volunteer service.
- I agree not to go beyond the scope of volunteer work agreed to without authorization.
- I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- I or the City may terminate this agreement at any time without cause, and that I am volunteering my service at will and may be asked to discontinue such without prior notice or reason.
- I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- I am not to have children with me during my volunteer activities that are under 14 years of age. *If you have children under 14 years of age accompanying you to the event, please sign acknowledgment on back of form.*
- Should an injury occur during the scope of my service, I understand that:
 - √ The City of Shoreline has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers; and
 - √ I am to report any on-the-job injury or illness, no matter how minor to supervisor.

WAIVER & HOLD HARMLESS: In consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I further agree to release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, unless the claim is the result of the City's sole negligence.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

NOTE: A parental or guardian signature is required (p. 2) for YOUTH UNDER 18 YEARS OLD

SCOPE OF WORK (to be filled in by City staff supervisor)

Task(s): _____

Location: _____ Date(s): _____

Project Supervisor: _____ Staff Contact: _____

Signature of volunteer

Date

VOLUNTEER CONTACT INFORMATION

Name: _____ Phone: _____
Address: _____ Email: _____

FOR YOUTH AGES 14-17 (to be filled out by parent/guardian):

_____ has my permission to accept an assignment as a
volunteer for the City of Shoreline and I acknowledge that _____ is 14 years or older.

Signature of parent/guardian

Date

FOR YOUTH UNDER 14 YEARS OF AGE (to be filled out by parent/guardian):

I acknowledge that I am volunteering my time for the _____ program sponsored
by the City of Shoreline on _____. I understand that the City of Shoreline does not
recommend bringing children under the age of 14 years to City-sponsored community service volunteer events. I
further understand that if I bring my children under the age of 14 years, I, not the City of Shoreline, am responsible for
supervising the children.

Signature of parent/guardian

Date

FOR ONE DAY EVENTS

Event Date: _____ Hours Volunteered: _____

For one day event: please return form to City of Shoreline staff supervisor on-site at the event.
For ongoing volunteer work, please mail to the City of Shoreline staff contact at

City of Shoreline
17500 Midvale Avenue North
Shoreline, WA 98133
(206) 801-2700
(206) 801-7868 (fax)



COVID-19 VACCINE ATTESTATION

I, _____, declare that the documentation provided to the City of Shoreline demonstrating that I am fully vaccinated against COVID-19 is true and correct.

I understand that “fully vaccinated” means that it has been at least two (2) weeks since my second dose of the Pfizer or Moderna vaccine or since I received the Janssen single-dose vaccine. I further understand that any falsified information or intentional misrepresentation can lead to the termination of volunteer assignment.

Signature of Volunteer

Date

Please submit a scanned copy of your vaccine card with this signed attestation.