



Join Other Shoreline Residents and "Adopt -A- Drain" in Your Neighborhood!

Storm drains flow directly to Shoreline's streams, lakes, and Puget Sound. If not cared for, they can carry trash and organic pollutants (like leaves and grass clippings) straight into streams, lakes, and Puget Sound. Sometimes, the trash, leaves, and other debris clog pipes and cause neighborhood flooding.



Clearing storm drains helps protect our natural environment, helps prevent flooding, and keeps our City clean!

What do Storm Drain Adoptees Do?

- Keep watch on their storm drain(s) and look out for trash or natural debris building up on or near storm drain. Examples of natural debris include leaves, grass clippings, pine needles, dirt, mulch, and snow).
- When trash or natural debris collect on or near storm drains, adoptees clear the drain so it does not enter the drain or block it. Trash should be thrown in the garbage and natural debris should be put in the yard waste bin. It is not recommended to use leaves or other natural debris found in the street in edible gardens.
- Adoptees contact the City immediately when:
 - The inside of the storm drain is clogged or water is coming out of the storm drain during a storm.
 - When something has spilled or been dumped into the storm drain, such as paint, motor oil, or soapy water.
 - There is any damage to the storm drain lid or basin.

Safety Precautions

- Never remove the drain grate or attempt to remove clogs from inside the drain.
- Participants are advised that working in or next to a street can be dangerous. Consider wearing a reflective vest and gloves. You can request these from the City. Always check for traffic before entering the road.
- Never attempt to clear debris if there is moving water greater than six inches.
- Do not pick up items that might be hazardous or cause injury, such as heavy objects or items like syringes, broken glass, animal carcasses, etc. Notify the City at 206-801-2700 if you come across and potentially hazardous object on or inside of a storm drain.

Once you receive the information below and sign the attached liability waiver. Send to clovelace@shorelinewa.gov or mail/drop off at City Hall. Attn: Christie Lovelace, 17500 Midvale AVE N, Shoreline, WA 98133.



City of Shoreline

17500 Midvale Avenue North
Shoreline, WA 98133-4921
(206) 546-1700 ♦ Fax (206) 546-2200

**VOLUNTEER SERVICE AGREEMENT
ADOPT-A-DRAIN PROGRAM**

VOLUNTEER CONTACT INFORMATION

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

STORM DRAIN LOCATION(S): _____

I hereby volunteer my services to perform volunteer work in and for the City of Shoreline’s Adopt-A-Drain Program. The work that I will perform as a volunteer will include the following services: Removing debris from the storm drain(s) pursuant to the City’s Adopt-A-Drain Program Guidelines.

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

IN CONSIDERATION OF THE CITY ALLOWING ME TO PARTICIPATE IN THE ADOPT-A-DRAIN PROGRAM, I UNDERSTAND AND AGREE TO THE FOLLOWING RULES:

- Comply with all City policies and procedures regarding personal conduct while performing the volunteer work, including any policies and procedures related to public health and safety.
- To not to go beyond the scope of the volunteer work agreed to without authorization by City Staff.
- For any activity that I am unfamiliar with, I will be trained on that activity, learn the corresponding policies and procedures, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- This Agreement may be terminated at any time, with or without cause and without prior notice, by the City or myself. However, if I wish to terminate participation in the Adopt-A-Drain Program, then I will notify the City.
- To not perform my volunteer work under the influence of any drugs or alcohol, including any over-the-counter or prescription medications which may impair the ability to perform the volunteer work.
- Understand that the City of Shoreline does not recommend allowing children under the age of 14 years to be present during or to perform the volunteer work. If I allow my child/ward or any other child to be present during my performance of the volunteer work, I am solely responsible for supervising my child/ward or any other child accompanying me at all times and to be responsible for any injury or damage they may suffer or cause.
- Should I suffer an injury during the scope of my volunteer work, I am to report any on-the-job injury or illness, no matter how minor to the City Staff contact provided to me. I also understand that the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

WAIVER & HOLD HARMLESS: I understand there are special dangers and risks inherent in the City of Shoreline’s Adopt-A Drain Program, including, but not limited to, the risk of serious physical injury, illness, disability, death, or other harmful consequences which may arise directly or indirectly from my participation in the activity, including exposure to hazardous materials or exposure to or infection by communicable diseases. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of my being allowed to participate in the City of Shoreline Adopt-A-Drain Program, I ASSUME ALL RISK AND SOLE RESPONSIBILITY OF INJURY, DAMAGE, AND HARM to myself which may arise from my participation in the Adopt-A-Drain Program. I further agree to release and hold harmless the City of Shoreline and its officials, officers, employees, agents, and volunteers, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline and its officials, officers, employees, agents, and volunteers for any personal injury, death, or harmful consequences occurring to myself arising out of my participation in the Adopt-A-Drain Program.

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.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM 18 YEAR OF AGE OR OLDER AND FULLY COMPETENT TO ENTER INTO THIS AGREEMENT, THAT I HAVE READ THE ABOVE AND UNDERSTAND THE RULES FOR PARTICIPATING IN THE CITY OF SHORELINE’S ADOPT-A-DRAIN PROGRAM, THE RISKS OF PARTICIPATING IN THE ADOPT-A-DRAIN PROGRAM, AND I ASSUME ALL RISKS, KNOWN AND UNKNOWN.

Signature of Volunteer

Date

Printed Name: _____



City of Shoreline

17500 Midvale Avenue North
Shoreline, WA 98133-4921
(206) 546-1700 ♦ Fax (206) 546-2200

YOUTH VOLUNTEER SERVICE AGREEMENT
ADOPT-A-DRAIN PROGRAM
(AGES 14-17)

YOUTH VOLUNTEER CONTACT INFORMATION

Volunteer: _____	Phone: _____
Address: _____	Email: _____
Parent/Guardian _____	Phone: _____

STORM DRAIN LOCATION(S): _____

I grant permission for my minor child/ward _____ (hereinafter “child/ward”) to perform volunteer work for the City of Shoreline’s Adopt-A-Drain Program. I understand that my child/ward will not be compensated for this work but are volunteering to do the work in a responsible manner and to abide by all relevant City policies and procedures.

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

In consideration of the City allowing my child/ward to participate in the Adopt-A-Drain Program, I understand and agree that my child/ward will abide by the following rules:

IN CONSIDERATION OF THE CITY ALLOWING MY CHILD/WARD TO PARTICIPATE IN THE ADOPT-A-DRAIN PROGRAM, I UNDERSTAND AND AGREE THAT MY CHILD/WARD WILL ABIDE BY THE FOLLOWING RULES:

- I will instruct my child/ward to abide by all City policies and procedures regarding personal conduct while performing volunteer work including any policies and procedures related to public health and safety.
- I will instruct my child/ward to not to go beyond the scope of the volunteer work agreed to without authorization by City Staff.
- I will instruct my child/ward that for any activity they are unfamiliar with that they will be trained on that activity, learn the corresponding policies and procedures, and it is my responsibility to ensure my child/ward understands the activity completely or ask questions until they feel confident to perform them.

- This Agreement may be terminated at any time, with or without cause and without prior notice, by the City or myself. However, if I wish to terminate my child/ward's participation in the volunteer program, then I will notify the City.
- I will instruct my child/ward to not appear for volunteer work under the influence of any drugs or alcohol, including any over-the-counter or prescription medications which may impair their ability to perform volunteer duties.
- Should an injury occur during the scope of my child/ward's service, I understand that:
 - √ The City of Shoreline has included my child/ward's hours of volunteer service in the State Labor and Industries coverage for volunteer workers; and
 - √ That I and/or my child/ward is to report any on-the-job injury or illness, no matter how minor to the appropriate City Staff contacted provided to me.

WAIVER & HOLD HARMLESS: I understand there are special dangers and risks inherent in the City of Shoreline's Adopt-A-Drain Program, including, but not limited to, the risk of serious physical injury, illness, disability, death, or other harmful consequences which may arise directly or indirectly from my child/ward's participation in the activity, including exposure to hazardous materials, or exposure to or infection by communicable diseases. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of my child/ward being allowed to participate in the City of Shoreline Adopt-A-Drain Program, I ASSUME ALL RISK AND SOLE RESPONSIBILITY OF INJURY, DAMAGE, AND HARM to my child/ward which may arise from my child/ward's participation in the Adopt-A-Drain Program, including exposure to hazardous materials or exposure to or infection by communicable diseases. I further agree to release and hold harmless the City of Shoreline and its officials, officers, employees, agents, and volunteers, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline and its officials, officers, employees, agents, and volunteers for any personal injury, death, or harmful consequences occurring to my child/ward arising out of my child/ward's participation in the Adopt-A-Drain Program.

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.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM 18 YEAR OF AGE OR OLDER, FULLY COMPETENT TO ENTER INTO THIS AGREEMENT, THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD, THAT I HAVE READ THE ABOVE AND UNDERSTAND THE RISKS OF MY CHILD/WARD'S PARTICIPATION IN THE CITY OF SHORELINE'S ADOPT-A-DRAIN PROGRAM AND ASSUME ALL RISKS, KNOWN AND UNKNOWN.

SIGNATURE OF PARENT:

Signature of Parent

Date

Printed Name: _____

SIGNATURE OF YOUTH VOLUNTEER:

I UNDERSTAND AND AGREE THAT I WILL ABIDE BY THE CITY OF SHORELINE RULES SET FORTH IN THIS FORM

Signature of Youth Volunteer

Date

Printed Name: _____
