VOLUNTEER REPORTING FORM

Thank you for participating in the DIG Burbank program!

GROUP LEAD: _____ ORGANIZATION/GROUP: _____

DATE OF VOLUNTEER SERVICE: _____ PARK LOCATION: _____ AREAS COMPLETED (A,B,C...): _____

TOTAL NUMBER OF VOLUNTEERS: _____ START TIME: _____ END TIME: _____

PARTICIPANTS 18 AND OVER: **I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF BURBANK, AND I SIGN IT OF MY OWN FREE WILL.**

DATE	PRINT NAME	SIGNATURE	HOURS COMPLETED

NOTE ANY CONDITIONS THAT REQUIRES ATTENTION BY PARK MAINTENANCE STAFF: _____

_____

ADDITIONAL COMMENTS? _____

_____

_____

GROUP LEAD: **Please return 1) this form, 2) liability waivers for any participants under age 18, 3) uploads of a "BEFORE" and "AFTER" photo for each volunteer shift WITHIN 5 DAYS OF YOUR VOLUNTEER SERVICE to ParksandRec@burbankca.gov**