



Graffiti Abatement Program
Volunteer Agreement & Application

Name: _____

Address: _____ City: _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Cell Phone: _____

Please check the volunteer position(s) that interest you:

Graffiti Removal Volunteer

The area or location I would like to volunteer in is:

I agree to follow the rules and regulations described on the Volunteer Agreement.

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number(s): _____

Volunteer Signature: _____ Date: _____