STORM WATER QUALITY BRANCH VOLUNTEER PROGRAM APPLICATION

SELECT A PROG		t a Stream	□ Storn	n Drain Marking		
Review the terms of our programs at http://www.honolulu.gov/dfmswq/get-involved.html. If you are still interested, submit this application page.						
individual/group lead Unless a written con	der designated on this nsent is obtained fro et to claims for injury he City shall not be in	form to determ the property or damage of	mine the s y owner, aused by	of Honolulu, will coording pecific portion of City propincluding a provision to the removal or covering of	perty to work. hold the City	
Group or Individual's I	Name			Number of Members		
Name of Primary Cont	act			Email of Primary Contact	Person	
Address of Primary Contact Person						
Name and Phone Number of Alternate Contact						
Approximate number of people participating in each work project: Minimum 10 person group for adoptions and 4 person group for storm drain marking						
II. SELECTING A PO				vide at least two possibilities	1 9	
a which stream or portion	is of the block are you	interested in we	orking (pro	vide at least two possibilities,):	
b						
c						
				uality Branch – Outreach Sec -4609; Email: <u>cleanwater@h</u>		
PORTION TO BE COMPLETED BY SWQ BRANCH						
Received	Reviewed	Agreemen	t Sent	Agreement Final	Training	-

Date & initial all fields