



CITY OF BEND

City of Bend Beautification Program Completion Results

Date Received _____

Locate # _____

This form is used by the Bend Beautification Program to track volunteer participation and perform program audits. **Please remember to always report this information after each cleanup.**

Clean-up date _____

Group leader _____ Phone _____

Name of organization _____

Area adopted _____

Number of volunteers that participated _____

Number of hours the cleanup lasted _____

Approximately how many bags of trash were collected _____

We participated in the recycling program: Yes No (*circle one*)

The supplies were inventoried and returned in clean working order for the next group. Yes No (*circle one*).
Do any supplies need replacing or replenishing prior to use by the next group.

Are any volunteers in need a community service voucher? Yes No (*circle one*).
If yes: Please provide volunteer name, contact information and hours participated.

Were there any unusual incidents or injuries during the cleanup: Yes No (*circle one*) If yes, please describe:

Other comments, observations or feedback:

Please mail, fax or e-mail this form to:

City of Bend, Bend Beautification Program

Attn: Cheryl Howard

710 NW Wall Street, Bend OR 97701

Telephone: 541. 388.5579 • Facsimile: 541. 385.6676 • E-mail: choward@bendoregon.gov