Arlington Stormwater Utility Credit Program

Volunteer Activity Form

Group Name: _____

Group's point of contact for event:_____

Type of volunteer event: _____

Location of event: _____

Date and time for event: _____

County staff contact/Park Steward for event (if applicable): _____

Volunteer Name	Phone or Email	Time In	Time Out

Web page: Arlingtonva.us/stormwaterutility   **Questions?** Stormwaterutility@arlingtonva.us