



### ADOPT-A-ROAD PROGRAM

The Township's ADOPT-A-ROAD PROGRAM has been established as a public service program for volunteers to pick up litter along Township road allowances. It is a way for environmentally conscious citizens, community and civic organizations, private businesses and industry to contribute to a cleaner and more beautiful Township road system.

#### TO BE COMPLETED BY AUTHORIZED TOWNSHIP REPRESENTATIVE:

The Township of Woolwich recognizes the group/individual named below as responsible for the adoption of Township Road:

#: \_\_\_\_\_ Name: \_\_\_\_\_ Distance: \_\_\_\_\_ km  
From: \_\_\_\_\_ To: \_\_\_\_\_

The group/individual named below volunteers to pick up litter along both sides of its adopted section of roadway ensuring that litter pick ups do not occur on the dates indicated within the Terms and Conditions.

\_\_\_\_\_  
Authorized Township Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

(519) 669-1647  
Telephone Number

#### TO BE COMPLETED BY AUTHORIZED GROUP REPRESENTATIVE:

Under the ADOPT-A-ROAD PROGRAM \_\_\_\_\_ (group name) agrees to adopt the section of road allowance and keep it clean. Only volunteers who have received the required training and sign the Volunteer Waiver Form are allowed to participate in this program.

\_\_\_\_\_  
Authorized Group Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/Province/Postal Code

**RENEWAL / NEW**  
(Please circle which one)

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email (optional)

*This agreement is valid for **two (2) years** from date of approval by the Township of Woolwich*



Township of Woolwich  
Engineering & Planning Services  
PO Box 158, 24 Church Street West  
Elmira, Ontario N3B 2Z6

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## SAFETY TRAINING ACKNOWLEDGMENT FORM

By signing below, the Authorized Group Representative acknowledges that they have viewed the safety training video provided by the Township of Woolwich and/or have received previous training.

\_\_\_\_\_  
Authorized Group Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date