CITY OF SAN ANTONIO

GRAFFITI ABATEMENT PROGRAM (GAP)

COMMUNITY VOLUNTEER APPLICATION

Please fill out and submit this application to confirm your desired volunteer service project. The information provided will allow the GAP staff to assess materials, tools and resources that will be necessary to complete your project. Staff will work diligently to honor your request; however, in the event staff is not available on the requested date, please list an alternate date.

Please indicate which of the following programs you are applying for:

☐ Interested in abating graffiti on chronically tagged dumpsters? Consider applying to participate in the **Adopt-A-Dumpster Program** which offers volunteers free paint to abate commercial dumpsters (Waste Management only at this time).

☐ Interested in receiving a **graffiti abatement kit**? Contents include one gallon of recycled paint, roller, brush, goggles, safety vest and wipes (for graffiti removal on signs). Date issued: _____. Additional materials requested/issued; _____.

☐ Interested in scheduling a volunteer clean-up for groups of at least 10, to abate graffiti in your neighborhood or in a specific area of the city? Consider applying to coordinate a **Mini-Wipeout**. Participants will be provided with free paint and supplies to complete project, which typically require 1-2 hours of community service.

Project Date(s): ___/___/___; ___/___/___ or ___/___/___	Group/Organization: _____
Number of Total Volunteers:_____ Number of Minors: _____ *Under 17 years of age*	Project Location: _____ Project Time: _____ am/pm to _____ am/pm
Do you intend to communicate with the property owner to obtain permission? ☐Y☐N *A signed right of entry form must be obtained from property owner for projects on private property (fence, house, garage, dumpster, etc.)*	

Primary Point of Contact Information:

This is the designated person who will remain on-site during the duration of your group's project.

Name: _____	Phone: _____	Email: _____
Signature: _____	Date: _____/_____/_____	

Organization/Group Address: _____

	Street	City	State	Zip

Secondary Contact: _____ _____ _____

Name Phone Email

Upon receiving your completed application, staff will send you a volunteer information packet, via email, to provide you with general guidelines, tips and instructions to ensure a rewarding volunteer experience. **Return completed forms via email to lisa.mckenzie@sanantonio.gov; via fax at (210) 207-6073.**

Office Use Only: Date Form Received: ___/___/___ Application Approved __ Y __ N Staff Initial _____

Updated 10-22-2012

For general information on the Graffiti Abatement Program please visit www.sanantonio.gov/dsd
Or contact (210) 207-BUFF (2833)