OPERATION: Sack Lunch

Nutritional Excellence:
A Right We Are Born To
Not A Privilege We Earn

Volunteer Information

PLEASE PRINT

NAME: _____Organization/Company Name:_____
(If volunteering with/for a group)

ADDRESS: _____
(address ~ city ~ state ~ zip code)

TELEPHONE: _____E:MAIL:_____
(include area code)

How did you hear about us?_____

Please Provide an Age Grouping *(circle one)* Under 15 15 – 18 19 – 25 26 – 40 41 – 55 56 & older

Do you need your volunteer hours documented? _____

Date:_____ Time In:_____ Time Out:_____ Total:_____

Date:_____ Time In:_____ Time Out:_____ Total:_____

Date:_____ Time In:_____ Time Out:_____ Total:_____

Date:_____ Time In:_____ Time Out:_____ Total:_____

Thank you for volunteering your valuable time serving the homeless.

OPERATION: Sack Lunch strives to provide quality, nutritious, organic meals to the homeless and food insecure of Seattle – while providing a safe working environment for our staff and volunteers. Any endeavor dealing with the public involves some risk, which you acknowledge by the act of volunteering and signing this form.

Please sign here to acknowledge Release of Liability: _____

~ Permission Slip ~

VOLUNTEERS UNDER THE AGE OF 18 AND NOT WITH A SCHOOL, YOUTH GROUP OR OTHER ORGANIZATION MUST HAVE A PARENTAL SIGNATURE.

School or Youth Group: _____
(Please list names of youth in your group on the back of this form.)

Name(s) of person(s) responsible for students/youth:_____

Number of students/youth in group _____

Signature(s) of person(s) responsible or parental permission: *(Please sign Release of Liability above)*

_____
RELATIONSHIP (Parent/Guardian/Youth Leader) PRINT SIGNATURE

Thank you for volunteering with OPERATION: Sack Lunch

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