



Dear Student:

The mission of the Atlanta Community Food Bank is to “fight hunger by engaging, educating and empowering our community.” Last year, with the help of our amazing community, we were able to distribute over 70 million pounds of food and grocery products to more than 600 partner agencies with hunger relief programs in 29 Metro Atlanta and North Georgia counties!

Our new Youth Learn and Serve Days are **1-day service learning opportunities** where students receive an overview of the Food Bank and hunger issues and participate in a volunteer project. We are looking for **rising 8th-12th graders who have either never or rarely volunteered with the Food Bank** to offer a chance to see and learn what we do and how you can get involved.

As part of the Youth Learn and Serve Day, you will:

- Learn about the Food Bank, local and national hunger and poverty issues and other community and government responses to hunger and poverty.
- Participate in a Food Bank volunteer project.
- Meet other students and make new friends.
- Enhance your college resume or job application.
- Receive 8 community service hours.

We are offering two sessions this summer, and will accept up to 50 students per session. This is a first come, first serve opportunity.

**Saturday, July 13th from 8:30-4:30
Wednesday, July 17th from 8:30-4:30**

The 2019 Youth Learn and Serve Days will start and end at the Food Bank. **Participants MUST be available for the entire day in order to be eligible. (There are no fees or costs for participants.)**

To register, please return your completed form, postmarked no later than Friday, June 21st to:

**Atlanta Community Food Bank
Attn: Education
732 Joseph E. Lowery Blvd., N.W.
Atlanta, GA 30318**

You can also fax or email your application to: Fax: [404.334.8745](tel:404.334.8745) or Email: education@acfb.org. Please contact us at education@acfb.org if you have any questions!

We look forward to receiving your registration!

In Service,

**Lan Huynh
Advocacy and Education Specialist**



**ATLANTA COMMUNITY FOOD BANK
2019 YOUTH LEARN AND SERVE DAY REGISTRATION FORM**

Student Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Box/Apt)

City, State, Zip: _____ Telephone: _____

Student E-mail: _____

School: _____

Fall 2019 Grade: 8th 9th 10th 11th 12th

Which Youth Learn and Serve Day would you like to attend:
 Saturday, July 13th from 8:30-4:30 Wednesday, July 17th from 8:30-4:30 Either day

Do you have any dietary restrictions? Yes No If yes, please specify: _____
(example: Vegetarian, allergies to peanuts, etc)

What is your T-shirt size? (Check one) XXL XL L M S

Parent / Guardian Information

Parent / Guardian Name(s): _____

Daytime Telephone: _____ Evening Telephone: _____

Address (if different from above): _____
(Street) (Box/Apt) (City, State, Zip)

Parent Email: _____

Emergency Contact Information (if different from parent / guardian)

Name: _____ Relationship to student: _____

Daytime Telephone: _____ Evening Telephone: _____

Availability Information

Do you have reliable transportation to get to/from the Food Bank every day? Yes No

Do you plan to use MARTA? _____

Support for transportation, such as a MARTA card, may be available upon request

How did you hear about the Youth Learn and Serve Day? _____

Community or Volunteer Service Experience/Extracurricular Activities/Awards

Please highlight up to 4 of your most meaningful or important volunteer service experiences, activities and/or awards.

Volunteer Experience/Activity/Award	Description
<i>Example: Debate Club</i>	<i>Participate in debate activities at my school and in the Atlanta area.</i>
<i>Example: ABC Elementary School</i>	<i>Tutored three 2nd grade students in reading; 1 hour once a week for 1 year in 2015.</i>

REQUEST FOR RACIAL AND ETHNIC DATA

The following demographic information is **voluntary**. Your response will not affect consideration of your application. By providing this information you will assist us in assuring that our Youth Programs are administered in a nondiscriminatory manner and reflects the diversity of the United States.

Please check the box next to the classification that applies to you:

- Black, not of Hispanic origin
- Latino (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- American Indian or Alaskan Native (a person having origins in any of the original peoples of North America)
- Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- White, not of Latino origin (having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- More than one of the above (Comment if you wish)
- Prefer not to respond

REQUEST FOR GENDER DATA

Please check the box next to the classification that applies to you:

- Female
- Male
- Prefer not to respond



**ATLANTA COMMUNITY FOOD BANK
YOUTH PROGRAMS PERMISSION FORM 2019**

Student's Name: _____

Parent/Guardian Name: _____ Student's Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of the Atlanta Community Food Bank, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Atlanta Community Food Bank, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Atlanta Community Food Bank, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with the Atlanta Community Food Bank to be used to further promote volunteerism and community service.

Permission

I hereby give permission to my child or ward to participate in all activities in the program of the Atlanta Community Food Bank expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities and/or transportation on field trips. I further acknowledge the risk of physical injury or damage to property as a result of my child's participation in the activities. I also give the Atlanta Community Food Bank permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. My child is capable of participating in these activities. I grant permission for the Volunteer Department to collect contact information on my child at the time of volunteering.

I further attest that my child or ward has no allergies or special medical needs other than those listed:

_____ **Emergency Contact information (if different from above)**

Name: _____ Relationship to student: _____

Emergency Contact #: (h) _____ (w) _____ (c) _____

Parent/Guardian's signature required: _____

Date: _____