



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!

This year's first annual Youth Service Summit is a learn and serve summit for students who love volunteering and want to make a difference. We will select up to **25 rising 8th - 12th grade students who like to be hands on and have a service-focused experience** volunteering with the Food Bank and our partner agency network. Students will participate in service learning activities and learn about food insecurity issues.

As part of the Youth Service Summit, you will:

- Gain in-depth knowledge about local and national hunger and poverty issues.
- Participate in Food Bank service projects and learn about other community and government responses to hunger and poverty.
- Meet other students and make new friends.
- Enhance your college resume or job application.
- Identify and commit to a minimum of one hunger fighting action step in the coming school year.
- Receive 32 community service hours.

The 2019 Youth Service Summit will occur **Monday- Thursday, June 10-13, 2019 from 8:30am-4:30pm each day**. The Summit will use Atlanta Community Food Bank as home base with short field trips into the community for service projects and learning opportunities. Each day will start and end at the Food Bank.

Participants MUST be available for the entire four day program in order to be eligible. If you cannot attend all four days of the Summit, please consider applying next year or to one of our other summer opportunities. **(There are no fees or costs for participants.)**

To apply, please return your completed application, postmarked no later than Friday, April 5th 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 application!

In Service,

**Lan Huynh
Advocacy and Education Specialist**



**ATLANTA COMMUNITY FOOD BANK
2019 YOUTH SERVICE SUMMIT APPLICATION**

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 _____

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 Service Summit? _____

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>

Short Answer Questions for Youth Applicant

All students must answer both essay questions. Your responses to these questions will help us gain insight into you as a person, so be thoughtful with your answers. Each answer must be between 200-500 words.

Please write neatly or type (double-spaced) these on a separate sheet of paper and include with your application.

1. Tell us why you want to be part of the Youth Service Summit. What makes you a good candidate, and what do you hope to gain from this experience?
2. Currently, what do you think is the biggest issue that contributes to hunger in the US?

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 the 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. This area includes, for example, China, India, Japan, Korea, the Philippines, Samoa, and Vietnam.)
- 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



2019 Youth Programs Recommendation Form

The recommendation form should be completed by someone who knows you well and can highlight your strengths and character. This **cannot** be a family member or a fellow student. The recommendation can be from a teacher, guidance counselor, school administrator, volunteer or activity supervisor, religious leader or someone else familiar with you and/or your community service work. Please print the form and have them complete it and mail, email or fax it to us.

Youth Program Applicant Full Name: _____

How do you know this person? _____
(Recommendations can **NOT** be completed by a family member or fellow student.)

1. In your experience with the student, how have they shown a desire to be of service to others?

2. Please highlight the applicant's strengths and how you think they could benefit from this experience.

3. On a scale of 1 to 5, 1 being "not at all" and 5 being "extremely" please rate the student on the following characteristics:

(Double click on the box if you are completing the application electronically.)

	Not at all 1	Somewhat 2	Moderately 3	Very 4	Extremely 5
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Reference: _____

Email address: _____ Phone: _____

Please use the back side of this form for additional comments. Send completed form to:

Atlanta Community Food Bank
Attn: Education
732 Joseph E. Lowery Blvd., N.W., Atlanta, GA 30318
Fax: 404.334.8745 or Email: education@acfb.org



**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: _____