Families Unlimited Network Food Bank

2610 Sunset Dr. W. - University Place, Wa 98466 - (253)460-3134

STUDENT COMMUNITY SERVICE

Date:			
		Last	
Street Address:			
City:			
Phone:	Email:		
School:		Grade:	
Teacher/Counselor Contac	t		
Name & Phone:			
Hours Needed: Start	Date:		
I understand that all client staff and to perform my du		JN is confidential. I agree to abide by FUN guidelines, accept direction us manner.	ı from
Student Volunteer Signatur	re	Date	
FUN Food Bank Manager			
PARENT/GUARDIAN PER		=======================================	
All volunteers under the	age of 18 must	have a parent or guardian sign this form.	
Photo and Video Use Pern	<u>nission:</u> Photos a	and videos may be taken in the food bank and at related functions and	then
may be posted on our web	site, social media	a, and/or newsletters. Please let our Food Bank Manager know prior to	o the
shift if you do not wish to h	nave your child's [picture made public.	
I agree that the minor na	amed in this forr	m has my consent to participate in the activity. I further provide m	ny
consent for FUN to seek	emergency tre	eatment for the minor if necessary and I agree to accept financial	Í
responsibility for the cos	ts related to this	s treatment.	
Parent/Guardian Signature)	Date	
Emergency Contact Inform	•		
Relationship:	Email:	<u>:</u>	
Phone:			