



Organization Name: _____

Contact Name: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____ Email: _____

Group Size (approximate number): 1-5 6-10 11-15 16-20

Youth Groups (age range of group): _____ Number of Adult Chaperones (we require a 1:5 adult per child ratio): _____

Are you interested in volunteering on a regular basis as a group? YES NO

How often are you interested in volunteering? YEARLY MONTHLY BI-WEEKLY SINGLE

What dates are you interested in volunteering? _____

AVAILABLE TIME SLOTS: (If you would like to adjust the times please let us know)

Breakfast (8:00am – 11:30am): Monday Tuesday Wednesday Thursday Friday

Food Bank: Tuesday (11:00am – 2:30pm)

PHOTOGRAPH RELEASE:

Do you give your consent for Agape Table to photograph or film video for the purposes of raising awareness of Hunger and Poverty issues and food, time and money collection? YES NO

EMAIL CONSENT:

Do you wish to receive updates via Email regarding Agape Table activities? YES NO