Families Unlimited Network Food Bank
2610 Sunset Dr. W. - University Place, Wa 98466 - (253)460-3134

STUDENT COMMUNITY SERVICE

Date: _____

Name: First_____ MI____ Last_____

Street Address:_____

City:_____ Zip:_____ Birth Date: _____

Phone:_____ Email:_____

School:_____ Grade:____

Teacher/Counselor Contact

Name & Phone:_____

Hours Needed:____ Start Date: _____

I understand that all client information at FUN is confidential. I agree to abide by FUN guidelines, accept direction from staff and to perform my duties in a courteous manner.

_____ _____
Student Volunteer Signature Date

_____ _____
FUN Food Bank Manager Signature Date

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PARENT/GUARDIAN PERMISSION

All volunteers under the age of 18 must have a parent or guardian sign this form.

Photo and Video Use Permission: Photos and videos may be taken in the food bank and at related functions and then may be posted on our website, social media, and/or newsletters. *Please let our Food Bank Manager know prior to the shift if you do not wish to have your child's picture made public*.

I agree that the minor named in this form has my consent to participate in the activity. I further provide my consent for FUN to seek emergency treatment for the minor if necessary and I agree to accept financial responsibility for the costs related to this treatment.

_____ _____
Parent/Guardian Signature Date

Emergency Contact Information (Please print legibly)

Parent/Guardian Name:_____

Relationship:_____ Email:_____

Phone:_____