



# AGAPE TABLE

## Group

Organization Name: \_\_\_\_\_

Group Size

(Approximate):      1-5                                  6-10                                  11-15                                  16-20

## Child and Youth Groups

Age Range of Group: \_\_\_\_\_

Number of Adult Chaperones: \_\_\_\_\_

*We require a 1:5 adult per child ratio*

## Contact

Group Organizer's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Available Time Slots (If you would like to adjust the times please let us know)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Breakfast 8:00am – 11:30am	Breakfast 8:00am – 11:30am	Breakfast 8:00am – 11:30am	Breakfast 8:00am – 11:30am	Breakfast 8:00am – 11:30am
Afternoon	CLOSED	Food Bank 11:00am – 2:30pm	CLOSED	Food Bank 12:30pm – 4:00pm	CLOSED

## Schedule

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?

\_\_\_\_\_

<input type="checkbox"/> YES	<b>Photograph release</b> 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?
<input type="checkbox"/> NO	

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Email Consent</b> Do you wish to receive updates via Email regarding Agape Table activities?
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