



# OPERATION: Sack Lunch

*Nutritional Excellence:  
A Right We Are Born To  
Not A Privilege We Earn*

## Volunteer Information Form and Permission Slip

### PLEASE PRINT

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

Organization/

Company Name: \_\_\_\_\_

Address:

\_\_\_\_\_ (address ~ city ~ state ~ zip code)

Telephone: \_\_\_\_\_ E:Mail: \_\_\_\_\_

(include area code)

How did you hear about us?

\_\_\_\_\_ Do you need your volunteer hours documented? Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total: \_\_\_\_\_

*Volunteers under the age of 18 and not with a school, youth group or other organization must have a parental signature.*

School or Youth Group: \_\_\_\_\_

Name(s) of person(s) responsible for students/youth: \_\_\_\_\_

Number of students/youth: \_\_\_\_\_

Signature(s) of person(s) responsible or parental permission: \_\_\_\_\_

## Thank you for volunteering with OPERATION: Sack Lunch