2018 YOUTH SUMMIT ON HUNGER & POVERTY APPLICATION
*(If you are completing the application electronically, please double click on the appropriate check box and click “checked.”)*

Personal Information

Name

 (Last) (First) (Middle)

Address
 (Street) (Box/Apt)

City, State, Zip Phone

E-mail address

School



Please check to confirm availability: June 18-21, 2018

* 







Fall 2018 Grade: 9th 10th 11th 12th

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Do you have any dietary restrictions? No Yes Please specify:











T-Shirt Size? (check one) S M L XL XXL

Parent/Guardian Information

Parent/Guardian Name(s)

Daytime phone Evening phone

Address (if different from above)

 (Street Address or Box/Apt) (City) (State) (Zip)

E-mail address

Emergency Contact Information (If different from parent/guardian)

Name Relationship to student

Daytime phone Evening phone

Availability Information

Do you have reliable transportation to get to/from the GMFB every day? Yes No

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* 

How did you hear about the Youth Summit?

Community or Volunteer Service Experience/Extracurricular Activities/Awards

Please highlight up to 4 of your most meaningful or important volunteer service experiences, activities, and/or awards.

Please attach an additional sheet, if necessary.

|  |  |
| --- | --- |
| VolunteerExperience/Activity/ Award | Description |
| Example:Debate Club | Participate in debate activities at my school and in the Atlanta area. |
| Example:ABC Elementary School | Tutored three 2nd grade students in reading; 1 hour once a week for 1 year in 2016. |
|  |  |
|  |  |
|  |  |
|  |  |

Short Answer Questions for Youth Applicant

All students should answer question #1, and then choose either #2 or #3 as your second question.

Please write neatly or type (double-spaced) these on a separate sheet of paper and include with your application.

Each answer should be between 200 – 500 words:

1. Describe why you want to be part of the Youth Summit on Hunger & Poverty. What makes you a good candidate, and what do you hope to gain from this experience?

Please choose one of the following questions:

1. Describe a volunteer service opportunity or event that was meaningful to you. What impact did it have on the way you think or behave?
2. Jacques Diouf (Director-general of Food and Agricultural Organization of the United Nations) said, “Hunger is not an issue of charity. It is an issue of justice.” Do you agree or disagree and why?

Recommendation

Please have a person, who is not a member of your family or fellow student, fill out the enclosed recommendation form. The person can be a teacher, guidance counselor, school administrator, volunteer or activity supervisor, religious leader, or someone else familiar with your community service work. If you are mailing the application, the completed form should be placed in a sealed envelope and returned with the rest of your application. If you are faxing or emailing your application, include the form with the rest of your application.

Parent/Guardian Permission

If you will be under 18 at the time of the Youth Summit on Hunger & Poverty, please have a parent or guardian sign the enclosed permission form and include with your application.

Answer question 1 from previous page here:

Answer either question 2 or question 3 from previous page here:

RECOMMENDATION FORM

*Information in this box to be completed by the Youth Summit Applicant.*

Youth Summit Applicant Full Name

Name of the person you are requesting to complete this form

How do you know this person? 

*(Recommendations can NOT be completed by a family member or fellow student.)*

1. In your experience with the student, how has he or she shown a desire to be of service to others?
2. Highlight the applicant’s strengths and how you think he/she could benefit from this experience.
3. On a scale of 1 to 5, 1 being “not at all” and 5 being “extremely,” please rate the student on the following characteristics:
(Double click on the box if you are completing the application electronically)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all 1 | Somewhat 2 | Moderately 3 | Very 4 | Extremely 5 |
| Dependable | *
 | *
 | *
 | *
 | *
 |
| Understanding | *
 | *
 | *
 | *
 | *
 |
| Organized | *
 | *
 | *
 | *
 | *
 |
| Innovative | *
 | *
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 | *
 | *
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Name of Reference:

Mailing Address:

Email Address:

Daytime phone: Evening phone:

Please place this completed form into a sealed envelope, and return the envelope to the student in time so that they can submit it with their application by MARCH 30. If you would like to add more comments, please use the back side of this form.

2018 YOUTH SUMMIT ON HUNGER & POVERTY YOUTH PERMISSION SLIP

Student’s Name: Parent/Guardian Name:

Address:

City, State, Zip:

Daytime phone Evening phone

Please read the following agreement and sign below:
In connection with my child or ward’s voluntary involvement in activities undertaken for, and with the participation and support of the Georgia Mountain Food Bank, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Georgia Mountain Food Bank, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward’s person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Georgia Mountain Food Bank, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with the Georgia Mountain Food Bank to be used to further promote volunteerism and community service.

Permission

I hereby give permission to my child or ward to participate in all activities in the program of the Georgia Mountain Food Bank expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities and/or transportation on field trips. I further acknowledge the risk of physical injury or damage to property as a result of my child’s participation in the activities. I also give the Georgia Mountain Food Bank permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. My child is capable of participating in these activities. I grant permission for the Volunteer Department to collect contact information on my child at the time of volunteering.

I further attest that my child or ward has no allergies or special medical needs other than those listed below:

Emergency Contact Information (If different from parent/guardian)

Name Relationship to student

Daytime phone Evening phone

 Parent/Guardian’s Signature Required Date