



Gig Harbor Peninsula FISH Food Bank and Community Services

PO Box 154 - 4303 Burnham Dr - Gig Harbor, WA 98335 - (253) 858-6179

STUDENT COMMUNITY SERVICE PROJECT

Date: _____

Name: (First) _____ (MI) _____ (Last) _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Email Address: _____

School: _____ Grade: _____

Describe Project: _____

Teacher/Mentor Contact: _____

Hours Needed: _____ Start Date: _____ Anticipated Completion: _____

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

Student Volunteer Signature

Date

GHP FISH Supervisor/Mentor Signature

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 various food bank related functions and then may be posted on our website, social media, and/or newsletters. *Please let the Volunteer Coordinator know prior to the event 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 event or activity. I further provide my consent for GHP FISH to seek emergency treatment for the minor if necessary and I agree to accept financial responsibility for the costs related to this emergency treatment.

Parent/Guardian Signature

Date

Emergency Contact Information (Please print legibly)

Parent/Guardian Name: _____

Relationship: _____ Email Address: _____

Home Phone _____ Cell Phone _____

Work Phone _____



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Student Name: _____

SCHEDULE: (If assigned at the food bank, check in with the shift leader. Ask office volunteer to enter dates, times and initial for working each day. For other assignments, determine verification method with GHP FISH Supervisor/Mentor.)

DATE	TIME IN	TIME OUT	# HOURS WORKED	VOLUNTEER INITIALS

Community Service Project Completed: Date_____ Total hours volunteered:_____

Comments:_____

Student Volunteer Signature

Date

GHP FISH Supervisor/Mentor Signature