



COMMUNITY DAY VOLUNTEER APPLICATION

We are ecstatic about your participation in Seed Life Foundation's Community Day! The purpose of our community day is to come together to combine our time, gifts, and talents to serve homeless individuals in Atlanta, GA. **Our Snack Pak initiative was created to serve college students and individuals experiencing homelessness with Snack Paks, hygiene paks, and resources to aid towards restoration in the community.**

Complete each section of this application as it pertains to your position. If there is an area that does not pertain to you, leave the section or line blank. If you would like to print out the application and fill it out, scan the completed application to volunteers@seedlifefoundation.org. If you have any questions, email us at volunteers@seedlifefoundation.org. **ALL INFORMATION IN THIS DOCUMENT IS REQUIRED BEFORE PARTICIPATION.**

INDIVIDUAL VOLUNTEER:

Please fill out this portion of the application if you would like to participate as a Volunteer.

Name: _____

Phone #: _____

Email Address: _____

What would you like to volunteer for: *(select all that apply)*

- Set up, break down and clean up
- Cleaning up/Hospitality
- Packaging (Packing Snack Paks, hygiene paks and resources in boxes for individuals experiencing homelessness)
- Directing organizations and vendors to vendor location and set up
- Serving meals

- Helping in rotating sections (community closet, resources section, hair, and beauty section, etc.)
- Transportation for individuals experiencing homelessness (We need help transporting individuals from place to place)

As a Volunteer, understand that you may be needed in different sections throughout the entire event. Are you able to handle multiple tasks? Yes No

Number of Attending: 1-2 3-5 6-8 8-10 More than 10

Are you volunteering for community service hours? Yes No

If so, will you need your hours to be documented and signed off? Yes No

All students, individuals and organizations are responsible for bringing paperwork and documentation to be signed off. All documents will be signed off at the end of the event by a representative of Seed Life Foundation Leadership.

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

We would like to send all volunteers a token of our appreciation, but if you are not comfortable with submitting your address, leave the 'mailing address' section blank.

GROUP VOLUNTEER:

Please fill out this portion of the application if you would like to participate as a Volunteer.

Organization Name: _____

Phone #: _____

Email Address: _____

Are you the point of contact for this organization? Yes No

If not, provide the information for the person of contact below:

Name: _____ **Phone Number:** _____

What would your group like to volunteer for: (select all that apply)

- Set up, break down and clean up
- Cleaning up/Hospitality
- Packaging (Packing Snack Paks, hygiene paks and resources in boxes for individuals experiencing homelessness)
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As a Volunteer, understand that you may be needed in different sections throughout the entire event. Are you able to handle multiple tasks? Yes No

Is your organization volunteering for community service hours? Yes No

If so, will the hours need to be documented and signed off? Yes No

All students, individuals, and organizations are responsible for bringing paperwork and documentation to be signed off. All documents will be signed off at the end of the event by a representative of Seed Life Foundation Leadership.

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

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