

# Group Volunteer Date Request Form



Group Name: \_\_\_\_\_  
 Group Organizer's Name: \_\_\_\_\_  
 Group Organizer's Phone Number: \_\_\_\_\_  
 Group Organizer's Email: \_\_\_\_\_  
 Expected Number of Participants: \_\_\_\_\_  
 Expected Ages of Participants: \_\_\_\_\_

*Group size must include adult chaperones. We require 1 adult volunteer for every 5 volunteers ages 6-13 years, and 1 adult volunteer for every 10 volunteers ages 14-16 years.*

\*Please note: **November and December volunteer dates are currently reserved for Teams for Good** where corporate and community groups are committed to volunteering their time and making a gift to our holiday meal distributions. **Please contact Melissa Sayviseth to join the program or learn more about this new opportunity at [msayviseth@feedingsandiego.org](mailto:msayviseth@feedingsandiego.org).**

Shift Times

<b>Monday</b>		10:00 am-12:00 pm		2:00 pm-4:00 pm	
<b>Tuesday</b>		10:00 am-12:00 pm		2:00 pm-4:00 pm	6:00 pm-8:00 pm
<b>Wednesday</b>		10:00 am-12:00 pm		2:00 pm-4:00 pm	6:00pm-8:00pm
<b>Thursday</b>		10:00 am-12:00 pm		2:00 pm-4:00 pm	6:00pm-8:00pm
<b>Friday</b>		10:00 am-12:00 pm		2:00 pm-4:00 pm	
<b>Saturday</b>	9:00 am-11:00 am		1:00 pm-3:00pm		

Please list your top three shifts of those above:

	Month	Date	Shift Time
<b>1<sup>st</sup> Choice</b>	Month		
<b>2<sup>nd</sup> Choice</b>	Month		
<b>3<sup>rd</sup> Choice</b>	Month		

Are there any special needs for the group?

Thank you for your group request! You will be contacted by the Volunteer Department shortly. Questions? Comments? Feedback? Contact the Volunteer Department at [volunteersd@feedingsandiego.org](mailto:volunteersd@feedingsandiego.org) or 858.452.3663 x100.

You can also learn more about ways to get involved by visiting [feedingsandiego.org](http://feedingsandiego.org).