



Group Volunteer Date Request Form

Group Name: _____

Group Organizer's Name _____

Group Organizer's Phone _____ Email _____

of Participants _____ Ages of Participants _____

Group size must include adult chaperones if children are under age 16. We require one adult volunteer for every 5 child volunteers ages 6-13, and one adult volunteer for every 10 teen volunteers ages 14-16 years. NOTE: Nov. & Dec. volunteer dates are currently reserved for TEAMS FOR GOOD, where corporate and community groups volunteer and make a gift to our holiday meal distribution. [Contact Melissa at msayviseth@feedingsandiego to join!](mailto:msayviseth@feedingsandiego.org)

Monday	10:00am – Noon	2:00 – 4:00pm	
Tuesday	10:00am – Noon	2:00 – 4:00pm	6:00 – 8:00pm
Wednesday	10:00am – Noon	2:00 – 4:00pm	6:00 – 8:00pm
Thursday	10:00am – Noon	2:00 – 4:00pm	6:00 – 8:00pm
Friday	10:00am – Noon	2:00 – 4:00pm	
Saturday	9:00 – 11:00am	1:00 – 3:00pm	

YOUR SHIFT CHOICES

	Month	Date	Shift Time
1 st Choice			
2 nd Choice			
3 rd Choice			

SPECIAL NOTES

Are there any special needs for the group, or anything you'd like us to know in advance?

Thank you for your group request! The Volunteer Department will contact you soon. If you have questions, feedback, or comments, contact us at volunteersd@feedingsandiego.org or 858.452.3663, ext. 100.

You can learn more about ways to get involved by visiting <https://feedingsandiego.org>.