



**Participation Form**

**Please fill out and return by e-mail, fax or mail to:**

***Fax: 409-945-2563 Attn: Volunteer Coordinator – [volunteer@galvestoncountyfoodbank.org](mailto:volunteer@galvestoncountyfoodbank.org)***

***Mail: Galveston County Food Bank, 624 4<sup>th</sup> Ave. N, Texas City, TX 77590***

**Company/Organization:** \_\_\_\_\_

**# Volunteers attending** \_\_\_\_\_

**Contact/Coordinator Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date(s) you are volunteering on** \_\_\_\_\_

**Time(s) for your organization volunteering experience** \_\_\_\_\_

Please take the time to answer the following questions and submit along with your participation form.

What is the goal of your visit?

\_\_\_\_\_

Would you be interested in setting up a continuous volunteer experience?

\_\_\_\_\_

Will your organization require a break or lunch area?

\_\_\_\_\_

Will you need bus parking?

\_\_\_\_\_