

ATLANTA
COMMUNITY
FOOD
BANK



Nourishing stronger communities.



Dear Student:

The **Atlanta Community Food Bank's** (ACFB) mission is to "fight hunger by engaging, educating, and empowering our community". We distribute almost two million pounds of food a month to more than 800 partner agencies throughout the metro Atlanta area.

We are looking for community leaders of all ages who can help us raise awareness about what we do, who we serve, and how to get involved. We held a very successful pilot **Youth Leadership Summit on Hunger & Poverty** last June. It went so well that we have decided to hold the Summit again this year. This is a one-week program for high school students, and we are looking for enthusiastic youth to join us! If you will be in the 9th through 12th grade in 2008-2009, have an interest in hunger/poverty issues, want to develop greater leadership skills, and are committed to service, then this is the program for you!

As a part of the Youth Leadership Summit on Hunger & Poverty, you will:

- ❖ Gain in-depth knowledge about local and national Hunger & Poverty issues
- ❖ Participate in ACFB service projects, and learn about other community and government responses to hunger and poverty.
- ❖ Develop leadership skills by identifying, and planning action steps to address hunger
- ❖ Meet other students and make new friends
- ❖ Enhance your college resume or job application
- ❖ Fulfill community service requirements for graduation

We will only be accepting 13 students to join us this summer. **The program will run Monday-Friday, June 2-6 from 8:30 am – 4:30 pm.** Participants will need to be available the entire week in order to be eligible.

Please fill out the enclosed application and tell us why you would like to be involved with the Youth Leadership Summit on Hunger & Poverty. **Please return the completed application postmarked no later than Friday, April 18th to:**

Lindy Wood
Education and Outreach Coordinator
Atlanta Community Food Bank
732 Joseph E. Lowery Blvd.
Atlanta, GA 30318

You may also fax your completed application to 678-553-5957 or email it to lindy.wood@acfb.org
Thank you very much for your service, and we look forward to receiving your application!

In Service,

Lindy Wood
Education and Outreach Coordinator

Barbara Prevost
Volunteer Manager

The following information is **voluntary**. Your response will not affect consideration of your application. By providing this information you will assist us in assuring that the Youth Leadership Summit on Hunger & Poverty is administered in a nondiscriminatory manner and reflects the diversity of the United States.

REQUEST FOR RACIAL AND ETHNIC DATA

Please check the box next to the classification that applies to you:
(Double click on the box if you are completing the application electronically.)

- Black, not of Hispanic origin
- Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- American Indian or Alaskan Native (a person having origins in any of the original peoples of North America)
- Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, Samoa, and Vietnam.)
- White, not of Hispanic origin (having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- More than one of the above (Comment if you wish)
- Prefer not to respond

REQUEST FOR GENDER DATA

Please check the box next to the classification that applies to you:
(Double click on the box if you are completing the application electronically.)

- Female
- Male
- Prefer not to respond

Recommendation

Please have a person, who is not a member of your family, fill out the enclosed recommendation form. The person can be a teacher, guidance counselor, school administrator, volunteer or activity supervisor, religious leader, or someone else familiar with your community service work. The completed form should be placed in a sealed envelope and returned with the rest of your application.

Short Answer Questions

Please choose **two** of the following questions to complete on a separate sheet of paper and include with your application. Please write neatly or type and limit each answer to 200 words or one page typed, double-spaced:

1. Describe why you want to be part of the Youth Leadership Summit on Hunger & Poverty. What makes you a good candidate, and what do you hope to gain from this experience?
2. Describe a volunteer service opportunity or event that has been meaningful to you. What impact did it have on the way you think or behave?
3. Marian Wright Edelman (the Founder and Director of the Children's Defense Fund) wrote: "Poverty steals children's potential and in doing so steals from all of us". What do you think she means by this?

Parent/Guardian Permission

If you will be under 18 at the time of the Youth Leadership Summit on Hunger & Poverty, please have a parent or guardian sign the enclosed permission form and include with your application.

Please return your completed application, postmarked **no later than Friday, April 18th**, to the Atlanta Community Food Bank at:

Lindy Wood
Education and Outreach Coordinator
Atlanta Community Food Bank
732 Joseph E. Lowery Blvd.
Atlanta, GA 30318

You can also fax or email your application to:
Fax: 678-553-5957 Email: lindy.wood@acfb.org



Youth Leadership Summit on Hunger & Poverty Recommendation Form

To be completed by student:

First Name _____ Last Name _____

Name of Reference _____

Relationship to Student (Can **NOT** be a family member) _____

To be completed by Reference:

1. In your experience with the student, how has he or she shown a desire to be of service to others?

2. In your opinion, has the student shown a strong ability or desire to lead others, or how would the student benefit from further leadership training?

3. On a scale of 1 to 5, 1 being “not at all” and 5 being “extremely”, please rate the student on the following characteristics:

(Double click on the box if you are completing the application electronically.)

	Not at all 1	Somewhat 2	Moderately 3	Very 4	Extremely 5
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please place this completed form into a sealed envelope, and return the envelope to the student in time so that they can turn the form in with their application by April 18th.



YOUTH LEADERSHIP SUMMIT ON HUNGER & POVERTY YOUTH PERMISSION FORM 2008

Child's Name: _____ Parent/Guardian Name: _____

Address: _____ Child's Birth date: _____

City: _____ State: _____ Zip: _____

Telephone: (h) _____ (w) _____ (m) _____

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of the Atlanta Community Food Bank, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Atlanta Community Food Bank, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Atlanta Community Food Bank, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with the Atlanta Community Food Bank to be used to further promote volunteerism and community service.

Permission

I hereby give permission to my child or ward to participate in all activities in the program of the Atlanta Community Food Bank expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities and/or transportation on field trips. I further acknowledge the risk of physical injury or damage to property as a result of my child's participation in the activities. I also give the Atlanta Community Food Bank permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. My child is capable of participating in these activities.

I further attest that my child or ward has no allergies or special medical needs other than those listed below:

Emergency Contact information (if different from above)

Emergency Contact Name: _____ Relationship to child: _____

Emergency Contact Phone: (h) _____ (w) _____ (m) _____

Parent/Guardian's signature required

Date