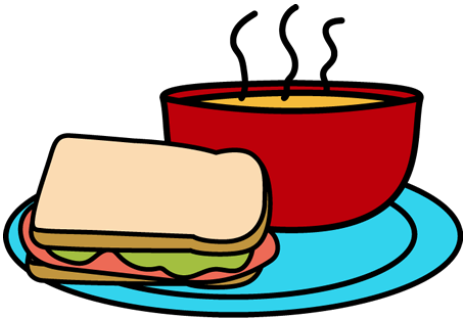
**RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK**

# VOLUNTEER AT THE SOUP KITCHEN

**Wednesday - January 29, 2020**
**3:00 - 5:00pm**



## Activity Center at Bohrer Park

**506 S Frederick Ave**
**Gaithersburg, MD 20877**
***Transportation provided to/from Epworth where the kitchen is located.***

## Student Union (Grades 9-12)

***SSL HOURS!***

Student Union@gaithersburgmd.gov
301-258-6350 office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877

Serve a three course meal to community members in need. Wear close-toed shoes and a hat or tie back long hair. After food services, students will assist with cleanup.

*Please note: Students are assigned to stations & are not always under direct supervision. Volunteers must work Independently & complete assigned tasks to earn SSL Hours.*

**Student Union - Soup Kitchen - 1/29/20**

Parent's Last Name_____ Parent's First Name_____
Address _____City/State/Zip_____
Home Phone_____ Work Phone _____ City Resident □ Nonresident □
Email _____

| Participant's Name | M/F | Birthdate | Activity | Location | Grade | School |
|---|---|---|---|---|---|---|
| | | | Soup Kitchen | ACBP | | |
| | | | Soup Kitchen | ACBP | | |

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

_____ _____
**Print Parent/Guardian Name** **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**□ **N** □
Please specify:
_____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid $ ____n/a_____ Cash □ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ___/___
Signature (name on card) _____
Print Name_____

**Office Use Only:** 9617
Rec'd:_____ Initials _____
W P M F Resident: Y N
Pr: _____ Date:_____