

Our Policy

It is our policy of this agreement to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this Packing Request Form and for your interest in volunteering with IMPACT WITH HOPE or any of its affiliates, ministries or programs.

Contact Information

Contact's Name *

Organization Name *

Email *

Address *

Street Address

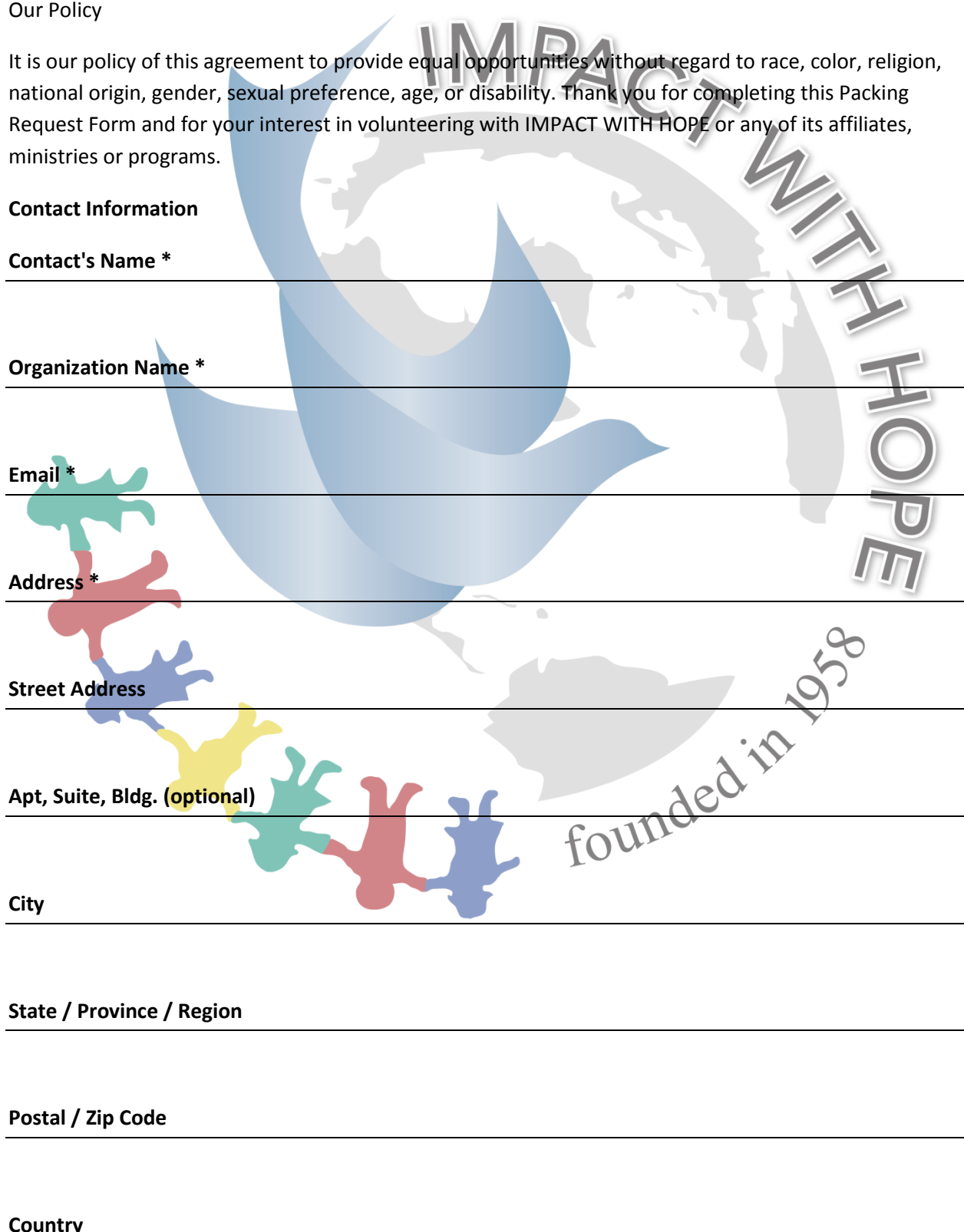
Apt, Suite, Bldg. (optional)

City

State / Province / Region

Postal / Zip Code

Country



Phone *

Location of Pack *

Number of Meals to Pack *

Number of Volunteers *

Is there Liability and Waiver Insurance available for this location (Please Circle One) *

Yes

No

I UNDERSTAND THAT SUBMITTING THIS FORM DOES NOT AUTOMATICALLY ENTITLE THE BEARER APPROVAL FOR AN IMPACT WITH HOPE KIDS AGAINST HUNGER PACKING EVENT.

Printed Name *

Date *

