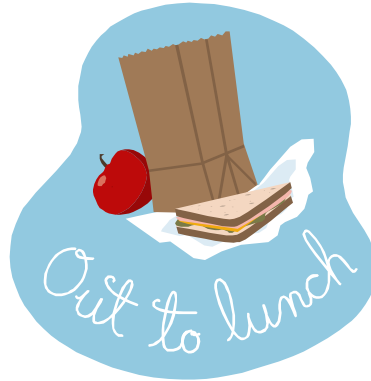


Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

GOT FOOD?



YaYa Ministries! Service Program
"Embracing the world in a network of charity"

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org



GOT FOOD?



Many knock on the doors of our Vincent's Store asking for food. Many of them haven't eaten a meal in days and probably the lunch sack they receive from the store is the only meal they will taste that day.

Your donation of lunch sacks will help feed the many souls that hunger and come to us for help.

Schedule a parish or school service day
to prepare lunch sacks
and put God's love into action through human hands!



We want to end hunger with YOU!
Contact the Outreach Coordinator!

YaYa Ministries! Service Program
"Embracing the world in a network of charity"

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

Dear Volunteer,

The Got Food? Service Program is an opportunity for all youth and young adult groups to serve the homeless living in the city of Houston. This program is inspired by the First Letter of John. His letter truly is a love letter, a letter that reminds us that to love Christ we need to live out His commandment- to love one another. Today, in our relationship with Jesus, we are always brought back to that question- how can I love you?

The Society of St. Vincent de Paul was founded by a single man, at the age of 20, who felt inspired and called to make a difference, to bring about the Kingdom of God to those around him, especially those in most need. Our patron, Saint Vincent de Paul lived in solidarity with the poor, and brought his faith to life when he put into practice the Corporal and Spiritual works of mercy.

All Vincentians today follow in the footsteps of our founder, Blessed Frederic Ozanam and our patron, Saint Vincent de Paul. You, like all other Vincentians, have been called to actively live your faith, to bring about the Kingdom of God to those you will encounter as you serve, to actively seek God's guidance as He uses you as His instrument.

The Got Food? Service Program is perfect for all youth and young adult leaders who want to share the good news with those they minister. There are two parts for this service program. You can gather the parish or school community to prepare the lunch sacks within parish or school walls and deliver the lunches to the Vincent's Store. If the parish or school community want to go to the store, the community can donate the items to prepare the lunches and the group can gather at the Vincent's Store to prepare the sandwiches there. Chances are volunteers may be able to give lunch sacks to those who come asking for food.

To schedule the delivery of lunch sacks or to plan a service day at the store to prepare the lunch sacks, contact the Outreach Coordinator at 713 741 8234 ext 109.

Thank you for saying "YES!" to God's invitation.
God bless,

Pura Santangelo
Outreach Coordinator

YaYa Ministries! Service Program
"Embracing the world in a network of charity"

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

PROGRAM OUTLINE

Scripture Mission- 1 John 3: 16-18

The way we came to know love was that he laid down his life for us; so we ought to lay down our lives for our brothers. If someone who has worldly means sees a brother in need and refuses him compassion, how can the love of God remain in him? Children, let us love not in word or speech, but in deed and truth.

Who can participate?

The entire parish or school community as part of the drive to acquire the items needed to prepare the lunch sacks. To volunteer: any youth or young adult group interested in a service experience.

What does the lunch sack include?

Peanut Butter and Jelly sandwich, juice box, crackers, fruit cup, napkins and a fork. Brown bags are needed to put all items together and a plastic bag is recommended to store the sandwich.

What type of work will the volunteers do at the store?

Volunteers who minister and serve at the store, will be able to prepare the sandwiches on location, store them and perhaps even distribute a few during the day. Also, they can help with “behind the scenes” work by sorting through donations and putting furniture together.

Paper work needed (all enclosed)

☺☺☺! Application (group leader)
Volunteer Confidentiality Form (per person)
Youth Permission Slip (per person)
Adult Medical Release Form (per person)
Virtus Training (adult only)
Volunteer’s Guidelines and Contract (group leader)
Completion of Service Form

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org



GOT FOOD? Application

GROUP NAME _____

GROUP LEADER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE# _____ BEST TIME TO CALL _____

E MAIL _____

RELIGIOUS DENOMINATION _____

NUMBER OF ADULTS _____ NUMBER OF YOUTH _____

DESCRIBE YOUR MOTIVATION AND HOPES WHICH ARE LEADING YOU TO SERVE WITH US

TYPE OF MINISTRY YOU ARE INTERESTED IN (Please explain why)

PAST VOLUNTEER EXPERIENCES (Include Dates)

DATE THE PARISH OR SCHOOL WILL HAVE THE DRIVE FOR DONATIONS _____

WHEN WILL THE DONATIONS BE DELIVERED? _____

DATE (S) AND TIME (S) YOU ARE AVAILABLE TO VOLUNTEER

Last Revised 3/7/07

YaYa Ministries! Service Program
“Embracing the world in a network of charity”

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org



Volunteer Confidentiality Agreement

I understand that in the course of working as a Volunteer, at the Society of St. Vincent de Paul, I may have access to personal information regarding individuals seeking assistance from the Society of St. Vincent de Paul.

I agree that I shall not disclose to anyone [other volunteers, staff members, family or friends, etc.] any such information without written permission from the Executive Director of the Society of St. Vincent de Paul.

I further agree and will comply with the Society of St. Vincent de Paul policy that all contacts with the media must be referred to the Executive Director for the Society of St. Vincent de Paul.

Print Name

Signature

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name _____
Date of Birth _____
Home Address _____
City _____ Zip Code _____
Parent(s)/Guardian(s) _____
Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Pager
Parish or Catholic School _____ Grade _____
Age _____ Sex _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in (event) _____ to be held (date) _____, (time) _____, and (location) _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish/school (its pastor, youth minister, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian) **Date**

Signature (Participant 18 years of age or older must sign own consent) **Date**

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

Signature (Parent/Guardian) **Date**

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows: My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) _____

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____
The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information **No, I do not carry medical insurance at this time.**

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

Signature (Participant 18 years of age or older must sign own consent) Date

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org

ADULT MEDICAL RELEASE FORM

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name: _____ Date: _____

Signature: _____

Address: _____

City: _____ Zip code: _____

Parish: _____

Home Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

Date of Birth: _____

Date of last Tetanus shot: _____

Please list **all** medical conditions/allergies/special health information:

Please list **any** medications (prescription or non-prescription) that you would like us to be aware of:

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org



Volunteer Guidelines and Contract

Dress neatly and comfortably. We suggest pants, jeans, tee shirts (without messages), blouses, collared shirts, etc. No sleeveless shirts or thongs- wear enclosed toe shoes. Appropriate shorts are allowed (but not short shorts). Remember you are representing the Society of St. Vincent de Paul while working with the general public.

Please honor your volunteer commitment, we are counting on you to be there when you are scheduled. If you can not come when scheduled please contact the Outreach Coordinator about your plans.

I, _____, have read the guidelines and will adhere to them as well as the Mission of the Society. I will also make sure each member of the group participating on Matthew 25 will adhere to these guidelines as well.

We are scheduled for a Service day on (date) _____ with _____ youth and _____ adults, who have all gone through the Virtus Training.

Signature

Date

Society of St. Vincent de Paul
2403 Holcombe Blvd. Houston, TX 77021
713 741 8234 www.svdphouston.org



COMPLETION OF SERVICE GOT FOOD?

Name of Group

Name of Group Leader

Phone

Email

Date of Service Term

Where did you minister at?

What type of ministry did you do?

Did you feel supported by the agency's staff and the SVdP's staff? Please explain.

Did SVdP staff prepare you, give you enough information for the work/ministry you did? Please explain.

What did you enjoy the most from this experience?

What did you enjoy the least from this experience?

What did you learn from this experience?

How can the SVdP Staff and agencies make this a better experience for future mission groups?

Anything else you may want to share with us:

Thank You!

YaYa Ministries!

YaYa Ministries! Service Program
"Embracing the world in a network of charity"