



# HELPING HANDS ENDING HUNGER INC. NEW CHAPTER APPLICATION

*\*\* required entries*

School name: \*\*

Address: \*\*

School website: \*\*

Number of students: \*\* Number of faculty: \*\*

Percentage of students receiving free or reduced lunch? % \*\*

Contact name:

Contact cell phone/e-Mail:

Have you identified a team of teachers/staff/administrators/parent volunteers that will coordinate the day-to-day operations of the program (4-6 people)? Yes No \*\*

Have you identified a dedicated space in your school that could be your Helping Hands operating center? (Can be a larger size closet but must be located outside of the school cafeteria, have electrical outlets and have room for refrigerator, shelving, carts, cold cell barrel cooler, bins and paperwork). Yes No \*\*

When would be your ideal date for starting the Program? \*\*

Does your school have any food/supplies distributions programs currently in place (backpack program, school supplies, holiday distributions, etc.)? Yes No \*\*

Do you have a group of students, student club, class, or team identified to undertake responsibility to collect food from the school cafeteria and help distribute it? Yes No \*\*

How does your school currently communicate with students and families about school events and activities and would you use this method or another method of communication with your students/families participating in the Helping Hands Program?

School Website      e-Mail      Newsletter      Note to home with student      Telephone      Verbally      Other

*Please check all that apply - if "Other" is checked or you would like to explain your method please enter the information below*

Do you have funding to purchase some or all startup supplies (refrigerator, barrel cooler, cart, bins, insulated bags, scale, cooler, gloves, cleaning supplies)?      Yes      No      \*\*

If yes, what can you purchase for startup?

\*\*

Do you have resources for developing community support of a Helping Hands Program operating at your school, conducting food drives, fundraisers etc. for sustaining your Program?

Yes      No      \*\*

If yes, briefly describe what:

\*\*

Would your school be willing to serve as a host site for Helping Hands training?      Yes      No      \*\*

**Please download and mail completed application to:**

Helping Hands Ending Hunger INC.  
c/o Carla Harward, CEO  
2014 S. Long Hollow Rd. Trion, GA 30753

or attach to an e-Mail and send to [harwardcarla@gmail.com](mailto:harwardcarla@gmail.com)

Upon acceptance, you will be obligated to pay a school start-up fee of \$175.00. Your Team then will be obligated to attend a training (dates and sites to be determined), and the cost of the training materials is \$25.00. Thereafter, payment of an annual membership fee of \$100.00 will be required to maintain your school's certification to operate the Helping Hands Ending Hunger<sup>SM</sup> Program.

*The Helping Hands Ending Hunger<sup>SM</sup> Program is the only food-safe reclamation program that is endorsed by the Georgia Dept. of Public Health. The Program is trademarked and may not be duplicated or operated without certification from Helping Hands Ending Hunger INC.*

THANK YOU for your interest!