

# GROUP VOLUNTEER AUTHORIZATION

## MY STUFF BAGS FOUNDATION AND VOLUNTEER CENTER

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Thank you for your kind offer to participate in the **My Stuff** Bags Program. Volunteer groups must fill out the following information in addition to individual Volunteer Applications, and return to:

**My Stuff Bags Foundation and Volunteer Center**  
**5347 Sterling Center Drive**  
**Westlake Village, CA 91361**  
**Phone: 818-865-3860 Fax: 818-865-3865**  
**Email: [info@mystuffbags.org](mailto:info@mystuffbags.org)**

Name of group \_\_\_\_\_ Date \_\_\_\_\_

Brief description of group \_\_\_\_\_

Group Leader \* \_\_\_\_\_ Number in group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact numbers: Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

The **My Stuff** Bags Foundation is pleased to have children age 10 and up participate in the “**My Stuff**” Bags Program. We are limited to 25 to 30 children at a time.  
**Groups of children must be accompanied by one adult per 5 children.**

Number of children participating \_\_\_\_\_ Ages \_\_\_\_\_

Number of adults participating \_\_\_\_\_

Please contact the My Stuff Bags Foundation to set up a time and date for your group volunteer activity. Group volunteer activities must be scheduled well in advance.

*We would like to ask for your help in replenishing our inventory...please have each members of your group bring in new items for children (age 0 to 18) when volunteering so that we can get more My Stuff Bags to the over 300,000 children going into care each year across America.*

Thanks so much for your interest! We look forward to hearing from you.

**Janeen Holmes**  
**President/CEO**

**Diann Neill**  
**Volunteer Coordinator/Program Manager**