

**2015-2016**

**AACAL Volunteer Packer Snack Shak Application**

**\* Please return this form to the Front Office by Friday, September 4<sup>th</sup>, 2015**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(Please Print)

**Age:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Home Campus:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**1. Please list any Extracurricular/In-School Activities you do:**

**2. What do you know about AACAL's Snack Shak program?**

**3. Using two sentences or more, please explain what you hope to get out of our Snack Shak Student Involvement Program:**