

Nutrition

Connections Coalition

"Eat Well, Be Active, Feel Great!"



Family Nutrition Night Program Manual



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"Eat Well, Be Active, Feel Great!"

Nutrition Connections Coalition Members

LSU AgCenter – FCS and 4-H

SU AgCenter - FCS

Department of Education

Child Nutrition Programs

Ouachita Parish, Monroe City Schools

School Nurse

Tensas Parish

Department of Social Services

Food Stamp Program

Ouachita Parish

Morehouse Parish

Madison Parish

Department of Health and Hospitals

Women, Infants and Children

Ouachita Parish

LaCHIP

Ouachita Parish

Public Health

Early Childhood Support and Services

St. Francis Medical Center

Richland Parish Hospital

Morehouse General Hospital

Children's Coalition for Northeast Louisiana

Head Start

Franklin Parish

Healthy Start ABC's

Caldwell Area Health Education Center

Volunteers of America

Delta Community College

YMCA of Northeast Louisiana

University of Louisiana – Monroe

Family and Consumer Sciences Department

Council on Aging

Ouachita Parish

Children's Coalition for Northeast Louisiana

Girl Scouts of Louisiana – Pines to the Gulf

Family Nutrition Night Program Manual

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Section 1

General Guidelines

Conducting a Family Nutrition Night

Family Nutrition Night is a fun, innovative way to bring together families and provide them with an educational opportunity to learn about nutrition and healthy lifestyles. The Family Nutrition Night Kit is set up in an easy to follow format that includes lesson plans, activity instructions, supplies, educational fact sheets and background information for each station.

To conduct a Family Nutrition Night a partner agency must be collaborated with that will provide the location, tables, chairs, meal and possible volunteers. The LSU AgCenter FCS Extension Agent, 4-H Youth Development Agent and Nutrition Educators may be available in a parish to assist with conducting the event. Other agencies that may also be invited to participate in the event include the Parish Health Unit, Office of Family Support, LaCHIP, WIC, Child Nutrition Supervisor, School Nurse, Pediatrician, Local Hospital, Nursing Students, or other healthcare professionals (see Appendix C).

An event coordinator will need to be named and this may be a partner representative or other volunteer. The event coordinator will work to secure the kits from the Northeast Region Office of the LSU AgCenter, location, meal, tables, chairs, and work with the others involved in planning and conducting the event. A Planning Checklist and timeline is included in this kit to assist with planning the event (see Appendix A).

The format for conducting the event includes a presentation accompanied by a meal which is followed by rotation between six stations (see Appendix B). The entire event will last for 1 ½ hours. The presentation “Parenting for Nutrition and Fitness” is a thirty minute power point presentation that discusses the two key components of a healthy lifestyle for a family: good nutrition and physical activity. After the presentation, participants rotate between six stations spending 10 minutes at each station. The six stations are Let’s Get Active!; Start Your Day the Right Way; Right-size Your Portions; The Low Down on Snacks; Re-think Your Drink and Health Report.

Each station will require at least one person to man the exhibit and conduct the hands-on activities with the parents and children. The Health Report Station will require a healthcare professional to conduct the health assessments. The health assessments recommended to be conducted include height, weight, BMI, blood pressure and pulse. Additional health assessments may be conducted but will need additional time allotted for them to be completed.

Participants will need to be divided into six groups for rotation purposes and to help the flow of the event to move smoothly. In dividing participants into groups, family members do need to be kept together so groups may not have the same exact number of participants. Groups do need to include approximately the same number of participants though to help with time management. A set of group numbers are included in the kit to divide families into groups (Appendix H). A time keeper will be needed to keep time and move the participants from station to station.

The event needs to be publicized and promoted for several weeks before the event occurs. Two sample news articles are included in the kit to serve as a guide in promoting the event and publicizing the event after it has been held (see Appendix D). A promotional flyer is also included in the kit and can be used to promote the event (see Appendix E).

After participants have completed the rotation of all stations, parents will need to complete the evaluation (see Appendix F) and turn in the event coordinator. Completed evaluations are turned back in to the LSU AgCenter with the return of the kits.

Event coordinator needs to collect all volunteer cost share forms and place forms with evaluations to be turned back into the LSU AgCenter.

Taking pictures during the event will allow for the LSU AgCenter, coalition member or partner to publicize the event after it is completed. Pictures may be used by the LSU AgCenter, coalition member or partner for other presentations as needed.

Once the event is completed the kits need to be repacked and returned to Terri Crawford, LSU AgCenter. If there is anything that has been damaged as a result of the event the event coordinator is asked to please write a note and tape to the box that includes the damaged item which needs to be checked.

Thank You notes should be written and sent by the partner agency to the presenter, volunteers, and any others that assisted with planning and conducting the event.

Suggestions to Improve Participation and Have a Successful Event

- ✓ Use a bingo type card with station names in the boxes and if children visit at least four of the six stations they get a free homework pass. Stickers can be given to mark card or station worker can initial the space.
- ✓ Develop a phone tree that can be used to remind parents of the event.
- ✓ Identify and resolve transportation and parking issues.
- ✓ Provide child care services for children under the age of 5.
- ✓ Involve volunteers in the planning of the event to encourage their buy-in.
- ✓ Make the atmosphere a festive one.
- ✓ Solicit door prizes from local businesses. Try to acquire door prizes that relate to healthy food choices or physical activity.
- ✓ Publicize, publicize, publicize.

Appendix A

Planning Sheet

Checklist and Timeline

Planning Sheet

Event Coordinator: _____

Date of Event: _____

Location of Event: _____

Meal Preparation: _____

Parenting for Nutrition and Fitness Program Presenter: _____

Set up and Clean Up

Station	Worker
Let's Get Active	
Right-size Your Portions	
Re-think Your Drink	
Start Your Day the Right Way	
The Low Down on Snacks	
Health Report Card	

Other Duties	Volunteer
Contact and confirm healthcare professionals	
Child Care	
Registration	
Publicity	
Telephone tree organization	
Photographer	
Purchasing paper products for meal	
Transportation organization	
Time keeper	

Planning Checklist and Timeline

Four to Five Months Prior to Event

- ___ Utilize Promotional flyer to identify collaborating partner.
- ___ Contact Terri Crawford by phone at 318-435-2903 or by e-mail tcrawford@agcenter.lsu.edu to determine availability and reserve Family Nutrition Night Kits.

Two to Three Months Prior to Event

- ___ Determine partner agency, school, community organization or church.
- ___ Set location, date, and time of event.
- ___ Discuss meal which will be provided by partner. Meal should be a healthier menu.
- ___ Identify presenter, station workers, volunteers, etc. who will be able to assist with event. One presenter will be needed to present the program "Parenting for Nutrition and Fitness". Six workers will be needed to work individual station.
- ___ Contact health care professional (parish health unit, pediatrician, nurse, etc) to come take health assessments (height, weight, BMI, blood pressure and pulse).
- ___ Contact Office of Family Support, LaCHIP office, WIC, Child Nutrition Supervisor, Hospital, or other healthcare professionals about setting up educational table regarding their programs. These exhibitors may need to provide their own table if number of tables is a concern.
- ___ Identify and resolve transportation or parking issues for program prior to starting.
- ___ Develop a phone tree if needed.
- ___ Assess need and feasibility of offering child care onsite. Possible solutions to offering child care include:
 - Arrange for high school clubs such as 4-H to provide onsite child care.
 - Plan age-appropriate activities for children in child care, such as reading, singing, coloring, etc.
 - Establish guidelines for dropping off and pick up of children.
 - Advertise the availability of child care when you promote the event.

Three to four weeks prior to event

- ___ Complete planning sheet.
- ___ Promote event by utilizing event publicity flyer through newspaper, school flyer, church bulletin, etc.
- ___ Post flyers at various recommended locations. Examples are: libraries, WIC clinics, OFS, Health Unit, etc.
- ___ Establish phone tree made up of teachers, volunteers, church members, community group members, etc.
- ___ Announce event through various avenues.

Two weeks prior to event

- ___ Acquire family nutrition night kits.
- ___ Circulate planning sheet to teachers, volunteers, station workers, etc.
- ___ Arrange for delivery or pick up of family nutrition night kits.
- ___ Confirm station workers, health care professionals, volunteers, child care services, etc.

Five to seven days prior to event

- ___ Check number of copies of educational fact sheets and evaluation. Make additional copies if needed.
- ___ Provide station workers with copy of lesson plan, activity instructions, background information, etc. for their review and preparation to work station.
- ___ Arrange for needed tables and chairs.
- ___ Plan for meal. Purchase paper products for meal (plates, napkins, utensils, cups)

One to two days prior to event

- ___ Arrange location.
- ___ Make telephone calls via the telephone tree.
- ___ Send flyer home with school children as reminder of event.
- ___ Make copy of sign in sheet.
- ___ Invite media to event.
- ___ Purchase supplies for prep of meal since you don't want to be doing this the day of the event.

The Day of event

- ___ Arrange tables and chairs. 12 tables will be needed for stations (2 per station); 1 table for presentation equipment, 1 table for registration and tables needed for meal. Chairs needed for meal.
- ___ Prepare or check on preparation of meal.
- ___ Set up stations.
- ___ Gather equipment for presentation (computer, projector).
- ___ Follow event format (see appendix B in program manual).
- ___ Gather camera equipment to take photos during event.

After event

___ Clean up.

___ Follow up with Smart Choices newsletter to parents.

___ Publicize event.

___ Write thank you notes to presenter, station workers, volunteers, etc.

___ Return kits, volunteer cost share forms and completed evaluations to LSU AgCenter.

Appendix B

Event Format

Event Format

Time of event: 1 ½ hours in length

Program Presentation Along with Meal: Parenting for Nutrition and Fitness (30 minute presentation)

Interactive Stations: 10 minute rotation for total of 60 minutes

Stations:

- **Let's Get Active!**
- **Start Your Day the Right Way**
- **Right-size Your Portions**
- **The Low Down on Snacks**
- **Re-think Your Drink**
- **Health Report**

Evaluation – Have parents complete evaluation and collect. Please place completed evaluations in blue pocket folder located in family nutrition night binder.

Appendix C

Suggested Partners

Suggested Partners

- **Office of Family Support**
 - **Food Stamp Office**
- **Office of Public Health**
 - **WIC**
- **Children's Coalition**
- **Volunteers of America**
- **Medicaid office**
 - **LaCHIP**
 - **LaMoms**
- **Department of Education**
 - **Child Nutrition Supervisor**
 - **Title 1 Program**
 - **After school programs**
 - **School Nurse**
 - **Health and Physical Education Teachers**
 - **School Based Health Centers**
- **Even Start Programs**
- **Head Start Programs**
- **University Department of Family and Consumer Sciences or Human Ecology**
- **University Department of Kinesiology**
- **University School of Nursing**
- **Louisiana Technical and Community College System**
 - **Nursing Program Students**
 - **Education Students**
- **Local Hospitals or Medical Clinics**
- **Registered Dietitians**
- **Pediatricians**
- **Nurse Practitioner or Physician's Assistant**
- **Churches or Other Faith Based Organizations**
- **Community Organizations**
- **YMCA**
- **Wellspring**
- **Kid Med**
- **City Parks and Recreation**
- **Social Work Professionals**

Appendix D

News Releases

Pre-Event News Release

Release Date:

Contact:

Families to Eat Well, Be Active, Feel Great!

Families at (Fill in Name) will get a chance to learn about the importance of healthy lifestyles through an innovative program sponsored by the Nutrition Connections Coalition and the LSU AgCenter.

On (day, date, time), a Family Nutrition Night will be held at (location). Families will have the opportunity through hands-on activities to learn more about steps they can take to Eat Well, Be Active, Feel Great!

The event will begin with a presentation “You Can Make a Big Difference in Your Child’s Health!” The presentation will discuss the two keys to a healthy lifestyle for the family which are good nutrition and getting enough physical activity. The presentation will be accompanied by a healthy meal for the entire family to enjoy.

Kids and parents will then take a trip through six interactive stations where they will learn more about eating well and getting active. Five of the stations will include a hands-on activity for kids and parents alike to investigate a component of nutrition. The stations are Right-size Your Portions; Re-think Your Drink; The Low Down on Snacks; Let’s Get Active; and Start Your Day the Right Way.

The sixth station will provide participants with the opportunity to get a free health check completed. Participants will have their height, weight, BMI, blood pressure and pulse (May also include cholesterol and glucose for adults) taken by a health care professional. They will be given a health report which will provide them with an indication of their health status.

According to Terri Crawford, LSU AgCenter Extension Agent for the Northeast Region, the Family Nutrition Night is a project of the Nutrition Connections Coalition for Northeast Louisiana. The coalition is made up of representatives from a variety of agencies in the region including Department of Health and Hospitals, Department of Social Services, Department of Education, and Hospitals as well as other community based organizations and agencies from throughout the Northeast region of the state.

The Family Nutrition Night project is available for any group who would like to partner with the LSU AgCenter and the Nutrition Connections Coalition. For more information about the Family Nutrition Project, contact (name) at your local parish Extension office at (fill in with phone number or e-mail).

Post-Event News Release

Release Date:

Contact:

Families Eat Well, Be Active, Feel Great!

Learning to Eat Well, Be Active, Feel Great! That was the primary focus of the Family Nutrition Night event held recently at (location). The event was a collaborative effort between the LSU AgCenter, the Nutrition Connections Coalition and (names of collaborating partners).

Family members, kids and parents alike, took a trip through six interactive stations where they learned more about eating well and getting active. Five of the stations included hands-on activities for kids and parents where they investigated a component of nutrition. The stations that were visited included Right-size Your Portions; Re-think Your Drink; The Low Down on Snacks; Let's Get Active; and Start Your Day the Right Way.

Participants learned how to determine which drinks have vitamin C in them, how much sugar and fat are in beverages, how to detect iron in cereal, ways for the whole family to get active and how to read labels to select healthy snacks and other foods.

Participants also had the opportunity to get a free health check done by a health care professional. They received a health report which provided them with an indication of their health status. Assessments that were completed on each participant included height, weight, BMI, blood pressure and pulse.

Families were encouraged to make a pledge to make at least one change in their eating and activity habits for their family as a result of what they learned at the Family Nutrition Night event.

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Appendix E

Event Publicity Flyer
Organization Recruitment Flyer

Nutrition

Connections Coalition

"Eat Well, Be Active, Feel Great!"



Looking for a fun and exciting way to spend time with and learn more about healthy lifestyles with your family?

Come to...

Family Nutrition Night!

Fun Hands-on Nutrition Activities!

Free Health Report

Free Admission

Healthy Meal Provided

All Ages Welcome

For more information contact:

Date:

Time:

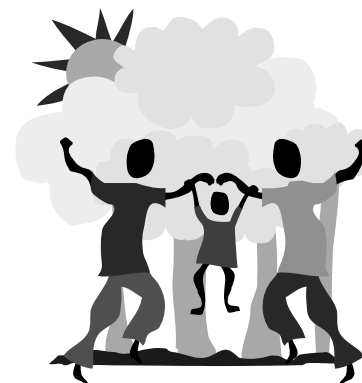
Location:

Family Nutrition Night is sponsored by the Nutrition Connections Coalition of Northeast Louisiana and the USDA Supplemental Nutrition Assistance Program.

Nutrition

Connections Coalition

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Nutrition

Connections Coalition

"Eat Well, Be Active, Feel Great!"



Looking for a fun and exciting way to promote healthy lifestyles for families?

Hold a Family Nutrition Night!

Parenting for Nutrition and Fitness Presentation

Fun Hands-on Nutrition Activities!

Start Your Day the Right Way

The Low Down on Snacks

Right-size Your Portions

Re-think Your Drink

Let's Get Active

Free Health Report

Partner Organization Provides Healthy Meal and Volunteers to Work Educational Stations

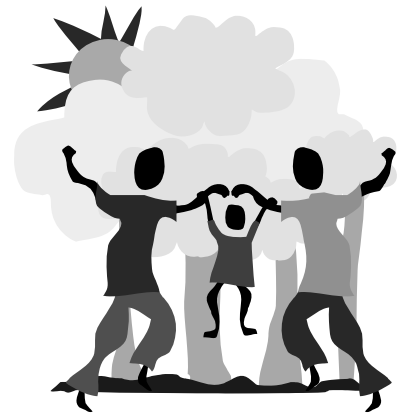
For more information about conducting a Family Nutrition Night contact Terri Crawford, LSU AgCenter at 318-435-2903 or Cathy Agan, LSU AgCenter at 318-323-2251.

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Nutrition

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Appendix F

Evaluation Immediate Post-Event Six Month Follow-up



Family Nutrition Night Parent Evaluation

Please check the box that best describes your response to each question below:

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
My family enjoyed this event.					
The directions for the activities were easy to follow.					
There was enough time to do each activity.					
We learned activities to do at home as a family.					
The information received was useful.					
The time of this event was good for our family.					
The location of this event was good for our family.					
I would attend another Family Nutrition event.					
I would recommend this activity to a friend.					

Name one way your family will improve its eating habits. _____

Name one way your family will increase its physical activity time. _____

Are you aware that your child's school should have a wellness policy? Yes No

If yes, what changes have been made at your child's school as a result of this policy? _____

If you are not aware of the policy, will you ask a school employee for more information? Yes No

How many times a week does your family have a meal together? 0 – 1 2 – 4 3 – 5 6 or more

Will you make an effort to have more family meals together? Yes No

Do you know how much time your child spends participating in physical activity during the school day? If yes, how many minutes? _____

***Please provide your contact information if you would be willing to complete a follow-up evaluation in 6 months.

Name _____

Mailing Address _____

Contact phone number _____

Check here _____ if you would like to receive the Smart Choices newsletter by e-mail and provide your e-mail address in the line below.

E-mail _____

**Family Nutrition Night
Follow-up Evaluation**

Thank you for agreeing to complete a follow-up evaluation after participating in the Family Nutrition Night. To complete the evaluation simply darken in the circle using a pen or pencil that corresponds to your answer and print your name at the bottom. Then put the survey in the included self-addressed stamped envelope and mail back to the LSU AgCenter. For completing the survey you will receive an educational enhancement in the mail.

Which changes have been made to your family's eating habits since participating in the Family Nutrition Night?
(Select all that apply)

- | | |
|---|-----------------------|
| Eating more fruits and vegetables | <input type="radio"/> |
| Selecting and eating healthier snacks | <input type="radio"/> |
| Consuming less sugar sweetened beverages | <input type="radio"/> |
| Reading food labels in order to select healthier food choices | <input type="radio"/> |
| Choosing and preparing foods with less fat | <input type="radio"/> |
| Not made any changes | <input type="radio"/> |

Which changes have been made to your family's physical activity habits since participating in the Family Nutrition Night? (Select all that apply)

- | | |
|--|-----------------------|
| Walking more as an individual or together as a family | <input type="radio"/> |
| Increased time spent on being physically active as an individual and/or family | <input type="radio"/> |
| Increased time spent being active outdoors as an individual and/or family | <input type="radio"/> |
| Participate more in moderate or vigorous sporting activities as an individual and/or family
(such as tennis, swimming, basketball, badminton, baseball, bike riding, rollerblading, etc.) | <input type="radio"/> |
| Not made any changes | <input type="radio"/> |

Since participating in Family Nutrition Night have you learned more about your child's school wellness policy?

- | | |
|-----|-----------------------|
| Yes | <input type="radio"/> |
| No | <input type="radio"/> |

Since participating in Family Nutrition Night have you made an effort to have more family meals together?

- | | |
|-----|-----------------------|
| Yes | <input type="radio"/> |
| No | <input type="radio"/> |

If yes, how many meals are you eating together each week now as a family?

- | | |
|-----------|-----------------------|
| 0 – 1 | <input type="radio"/> |
| 2 – 4 | <input type="radio"/> |
| 3 – 5 | <input type="radio"/> |
| 6 or more | <input type="radio"/> |

Appendix G

Power Point Presentation

Parenting for Nutrition and Fitness

Appendix H

Group Numbers

1

1

1

1

1

1

2

2

2

2

2

2

3

3

3

3

3

3

4

4

4

4

4

4

5

5

5

5

5

5

6

6

6

6

6

6

Appendix I

Registration

Appendix J

Bingo Card Idea for Station Rotations

Family Nutrition Night

If you participate in at least four of the six stations and receive a sticker or have the station worker initial your card you will get a

FREE Homework Pass!!

Let's Get Active! Station	Re-think Your Drink Station	Right-size Your Portions Station
The Low Down on Snacks Station	Start Your Day the Right Way Station	Health Report Card Station

Appendix K

FNP Volunteer Cost Share Instructions and Forms

Using FNP Volunteers for Family Nutrition Night Events

Volunteers who give of their time as part of a Family Nutrition Night event can pledge the time given to preparation and conducting the event for cost share match to the LSU AgCenter. This cost share helps fund the materials and supplies needed to conduct a Family Nutrition Night event and allows us to reach more families through educational efforts. In order to pledge time for cost share volunteers must:

- **Be 18 years of age or older.**
- **Are not paid for the contribution of their time.**
- **May not be receiving some type of credit for their efforts such as high school class, GED, TANF work programs, community service, organizational community project, merit badge or other activity for which they receive some type of benefit or credit.**
- **Must record their time on the attached time and effort log sheets.**

Documentation of Time

- a. **Complete the volunteer cost share form in legible writing and sign form as cost share volunteer.**
- b. **Complete the time and effort documentation form with the location of the event and the total number of hours worked for the event. Include any time given to set-up, station preparation, working educational station and clean up. Sign form.**
- c. **Turn in both forms to event coordinator.**



FY 2010

FAMILY NUTRITION PROGRAM (FNP) VOLUNTEER COST SHARE FORM

Valid only for State FUNDED Organization or State Agency Volunteers

Volunteer's Name _____

Street _____ City _____ ZIP _____

Tel _____ SEX: M F Are you Hispanic/Latino? Yes No

Form with two columns: Race? Check all that apply (Am Indian, Native Am, Asian, Black, Hawaiian/Pacific, White) and Have you ever been or are you now an FNP participant? (Yes/No) and Anticipated Months/Period Covered as Volunteer: _____

Thank you for your support of the Family Nutrition Program (FNP). Please indicate how much time you anticipate contributing and the activities you plan on performing:

Time: Hours I anticipate supporting FNP (Oct 1, 2009–Sept. 30, 2010) _____ Total hours pledged for year

Activities: These are the activities I anticipate performing that will support FNP.

- Promoting, networking, and marketing in support of FNP
Recruiting/enrolling participants for FNP programs
Classroom support (class prep, clean-up, food shopping)
Facilitate/teach single events to FNP target audience
Facilitate/teach multiple events to FNP target audience
Following up with students on FNP lessons
Other
Other

I certify that I will not be paid for the time I intend to contribute to support Louisiana Family Nutrition Program (FNP) through LSU AgCenter Cooperative Extension and that I am at least 18 years of age.

Signature of above Volunteer

Date

Office use only: Volunteer ID: _____

FNP Educator ID _____ Name: _____ Parish _____

VOLUNTEER TIME SHEET SUMMARY

Volunteer Role: Check all that apply:

Instructional Role, Educational Service Role, Middle Manager, Annual Hours Spent with Adults, Annual Hours Spent with Youth, Is this volunteer's cost share part of a Field Special Project Request? Yes No

Advisory Committee Role, Special Project Lead Person's Name

Support Service Role, Special Project Title

**Time and Effort Documentation for hours worked specifically on
Food Stamp Nutrition Education _____ Parish**

Name _____ Location _____ Volunteer Position Instructor

Month:	
Date	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Month's Total:

Month:	
Date	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Month's Total:

Month:	
Date	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Month's Total:

Quarter Total:

Volunteer signature & date: _____

AgCenter Faculty signature & date: _____

Regional Director signature & date: _____