



APPLICATION FOR MEMBERSHIP

SECTION I: GENERAL INFORMATION (to be filled out by all applicants)

Application Date: _____

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

*If your agency has multiple sites, please provide above information on a separate piece of paper.

Phone Number: _____ Fax Number: _____

Agency Director: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

Contact email address: _____

Persons authorized to order or pick-up food:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Federal Employer ID #: _____

Is your agency or church an affiliate of a larger organization? _____

If yes, what is the name and address of this organization? _____

Please describe your general program and purpose in the space below:

What was the date your program began operation? _____

How is your agency/program funded? _____

How are your food costs funded? _____

SECTION II: PROGRAM INFORMATION

Check which category best describes your program (if you have more than one program, complete all appropriate sections).

(A) _____ **Food Pantry** - provides groceries to those in need of food assistance

(B) _____ **On-Site Meals/Snack Programs** – provides meals on-premises

Hours of Operation:

1 st , 2 nd , 3 rd , 4 th day of month:	Day:	Hours:
-----	Monday	_____
-----	Tuesday	_____
-----	Wednesday	_____
-----	Thursday	_____
-----	Friday	_____
-----	Saturday	_____
-----	Sunday	_____

Approximate number of families served each month: _____

Approximate % is: Children (under 18) _____

Adults (18-59) _____

Seniors (60 +) _____

DEPENDING UPON WHICH CATEGORIES JUST CHECKED, PLEASE COMPLETE THE FOLLOWING:

(A) Food Pantry

Contact Person: _____ Phone Number: _____

What foods do you provide or plan to provide? (check all that apply)

- | | |
|---|------------------------------|
| _____ Canned fruits & vegetables | _____ Meats (frozen / fresh) |
| _____ Dry goods (cereals, rice, pasta, etc) | _____ Frozen foods |
| _____ Perishables (dairy, fresh produce, etc) | _____ Non-food items |
| _____ Other – Please describe: _____ | |

What % of your present source of food is donated? _____

What % of your present source of food is purchased? _____

How many days supply of food for each person is provided? _____

What areas do you serve? _____

Are your services limited to these areas? _____

What are your eligibility guidelines? _____

How is client information recorded? _____

What documentation is needed for service (how will you ensure that the majority of clients served are needy)?

How do people find out about your program? _____

Do you accept walk-in clients? _____

Are referrals required? _____ If yes, from whom _____

Do you solicit donations from the people you serve? _____

May we refer people to your food pantry? _____

(B) On-Site Meals/Snack Programs

Please check the description that best fits your program:

<input type="checkbox"/>	Soup Kitchen	<input type="checkbox"/>	Homeless Shelter	<input type="checkbox"/>	Youth Program
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Senior Program	<input type="checkbox"/>	MH/MR Program
<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Rehab Program	<input type="checkbox"/>	Other Shelter
<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	After School Youth Program	<input type="checkbox"/>	Other:

What meals do you provide?

Breakfast _____ Lunch _____ Dinner _____ Snack _____

Approximate number of meals served each day: _____

Do you charge for meals? _____

What percentage of your clientele is low-income? _____

Name of the person in charge of food preparation: _____

Does this person have a ServSafe certificate (or equivalent)? _____

If so, what is the expiration date? _____

Are you required to have a health certificate from the local Board of Health? _____

If so, what is your certificate #: _____

What authorities inspect or license your facility? _____

What % of your present source of food is donated? _____

What % of your present source of food is purchased? _____

SECTION III: FOOD STORAGE CAPABILITES

Food Storage Capabilities: List number of units/type

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-In
Freezer					
Refrigeration					

Does your agency regularly monitor cold food storage temperatures? _____

Please describe and estimate the size of food storage areas: _____

Is food stored in a locked area/cabinet? _____

Do you have regular pest control? _____ Provider: _____

SECTION IV: REFERENCES

Please provide the name of one social service agency or church that is familiar with your program.

Name of Agency: _____

Name of Contact: _____

Agency Address: _____

Phone number: _____

SECTION V: ACKNOWLEDGEMENT

How did you hear about the Weinberg Regional Food Bank? _____

Name of person completing the application: _____

Position: _____ Date: _____