



Application for Membership

PART I - AGENCY CONTACT INFORMATION (ALL APPLICANTS please complete)

Application Date: _____ Federal Employer ID # _____

Name of Organization: _____

Mailing Address: _____ Physical Address: _____

County _____ County _____

(Does your agency have multiple sites? If so, please provide above information for each site on a separate piece of paper.)

Agency Director: _____ Phone: _____

Program Contact: _____ Phone: _____

Fax: _____ E-mail Address: _____

Persons authorized to order or pick-up food *(limited to six)*:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

What is the religious affiliation of your church? _____

Is your agency or church an affiliate of a larger organization? Yes _____ No _____

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

Please describe your agency's purpose/mission: _____

What was the date your program began operation? _____

How is your agency/program funded? _____

Please list services your agency or program provides to clients in addition to food: _____

PART II – GENERAL PROGRAM INFORMATION – (ALL APPLICANTS please complete)

Please define the geographic area or boundaries your agency serves or plans to serve: _____

What percentage of food recipients will be low income and/or eligible for government aid? _____%

How does/will your agency determine if a client is eligible for your food program?

What percent of your clients are regularly using your food program? (*more than 4 times per year*) _____ %

If a religious organization, what percent of your food recipients are/will be from your own congregation? _____%

Do you charge your clients for your food program? _____ Yes _____ No

If yes, please explain: _____

Do you ask for donations from those you help? _____ Yes _____ No

If yes, please explain: _____

Are people be required to attend services (if a church) or work in exchange for food? _____ Yes _____ No

If yes, please explain: _____

How do people find out about your program? _____

What is your current annual food budget? \$ _____
(Estimate if you are not yet operating a program)

Please attach a current year financial statement with a current monthly bank statement.

Estimate what percentage of your food will come from the following:

Central Pennsylvania	Other donations _____ %
Pennsylvania Food Bank _____ %	Direct purchases _____ %

PART III - FOOD STORAGE FACILITIES – ALL APPLICANTS please complete

Cold Food Storage (List number of units/types)

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-ins
Freezers					
Refrigeration					

Does your agency regularly monitor cold food storage temperatures? Yes _____ No _____

Dry Food Storage

Please describe and estimate the size of storage area(s) _____

Is/will food be stored in a locked area/cabinet(s)? _____

Do you have regular pest control? Yes _____ No _____

If yes, please note service provider. _____

Please list any other off-site storage areas being used for storing dry, refrigerated or frozen items:

PART IV – PROGRAM INFORMATION

A. FOOD PANTRY PROGRAMS (Complete if program is a food pantry.)

Do you currently distribute food bags or boxes to needy households/individuals? Yes _____ No _____

Please check the description which best fits your program:

_____ Emergency Food Pantry _____ Supplemental Food Pantry

_____ Super Cupboard _____ Red Cross Chapter

Other _____

Approximately how many households do you serve/plan to serve per month? _____

Approximately how many individuals do you serve/plan to serve per month? _____

How often may a person or household receive food from your program? _____

What are your hours of operation?

1st, 2nd, 3rd, 4th day of month	DAY	HOURS
_____	() Monday	_____
_____	() Tuesday	_____
_____	() Wednesday	_____
_____	() Thursday	_____
_____	() Friday	_____
_____	() Saturday	_____
_____	() Sunday	_____

How is/will client information recorded? Please describe (attach sample household registration form):

How will you distribute food? Prepacked boxes/bags Client choice option
 Combination of pre-packed and client choice
 Other _____

B. ON-SITE MEALS/SNACK PROGRAMS (Complete if program provides meals on-premises.)

Do you currently serve meals on premises? Yes _____ No _____

If yes, when did the program begin? _____

Please check description(s) that best fit(s) your program:

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

When are, or will, meals/snacks be served?

1 st , 2 nd , 3 rd , 4 th day of month	DAY	HOURS
_____	() Monday	_____
_____	() Tuesday	_____
_____	() Wednesday	_____
_____	() Thursday	_____
_____	() Friday	_____
_____	() Saturday	_____
_____	() Sunday	_____

() Occasional Special Event

() 3 meals per day / 7 days per week / 365 days per year

What is your licensed capacity? _____

How many people do you serve/meal? _____

What authorities inspect or license your facility? _____

What was the date of your last inspection (*Please provide copy of license if applicable*)? _____

Name and title of the person in charge of food preparation: _____

Has this person had any food handling training? Yes _____ No _____
 (Please include copies of current ServSafe® Certifications if applicable.)

PART V – DEMOGRAPHIC INFORMATION – (ALL APPLICANTS please complete.)

Estimate what percentage of your clientele are/will be from the following groups:

Children (0-17)	_____ %	Asian-American	_____ %	Disabled	_____ %
Adults (18-59)	_____ %	Hispanic/Latino/o	_____ %	Veteran	_____ %
Elderly (60+)	_____ %	Native-American	_____ %		
Female	_____ %	European-American	_____ %		
Male	_____ %	African-American	_____ %		

PART VI – ACKNOWLEDGEMENT – (ALL APPLICANTS please complete.)

How did you hear about the Central Pennsylvania Food Bank? _____

By signing below, I agree that the information provided is complete and accurate to the best of my knowledge:

X _____ Date: _____

Name of person completing application: _____

Title: _____

We recommend that you photocopy this application and the Member Agency Agreement for your organization's records.

Please enclose this application along with other items listed on the checklist. Call the Agency Services Department at 717.564.1700 if you need assistance with anything related to this membership packet.