**Date:**

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.I.N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names, ages and relationships of household members

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |   |  |

**Household Information -** Please put the correct **NUMBER** in the brackets:

Family members under 12 ( ) Ages 13-18 ( ) Ages 19-65 ( ) Over 65 ( )

Refugees ( ) New Immigrants ( ) Native/First Nations ( ) Caucasion ( ) Ethnic (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please **TICK (√)** the following if it applies to you:

Single Person 🗖 Single Parent 🗖 Two-Parent Family 🗖 Couple NO Children 🗖

**Pets**  Dog 🗖 Cat 🗖 Bird 🗖 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accommodation** Owned Home 🗖 Private Rental 🗖 Low-income Housing 🗖 Band-Owned Housing 🗖 Group Home 🗖 Temp. with Friends 🗖 Shelter 🗖 Homeless 🗖

**Income Sources** Employment🗖 EI🗖 Savings🗖 Pension🗖 Student Loan🗖 Welfare 🗖 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned client certifies that the information/answers provided are complete and

true, and further agrees to the following:

• I understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources I may receive.

• Food is provided on a FIRST COME, FIRST SERVED basis and **I release Vancouver ecoVillage of any and all liability and accept the food “AS IS” and at my own risk.**

• I understand there is no guarantee to the amount or type of food given.

• I will not sell the food I receive or exchange/barter food for products or services.

• I understand that inappropriate behavior such as profanity, verbal abuse towards staff or any other person or disruptive behavior is prohibited. Any such behavior will immediately result in the suspension or termination of my privileges at this food pantry.

FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Govt. Issued Photo ID is required for each person including children.**

**Please attach copies to this application or bring in person.**