

**WEST OHIO FOOD BANK  
APPLICATION for MEMBERSHIP**

Please be as accurate as possible while completing this application and read through the Definitions page to help you decide the type of membership best suited to the program(s) offered by your organization. Be sure to attach the requested information and the **501(c) 3 IRS Determination Letter**.

**LOCATION & MAILING INFORMATION**

1. Organization Name: \_\_\_\_\_
2. Sponsoring Agent: \_\_\_\_\_  
(501 © 3)
3. Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
If different from above  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_
4. Name of the person placing orders: \_\_\_\_\_
5. Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code Area Code If applicable  
Secondary Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Area Code
6. Person authorized to make changes on this application: \_\_\_\_\_

**MEMBERSHIP STATUS**

1. West Ohio Food Bank programs your organization is applying for (check all that apply):  
 West Ohio Food Bank       Food Purchase Program       USDA Commodities  
Be sure to complete and return contract  
 Ohio Food Program       Ohio Agriculture Surplus Production Alliance
2. Programs your organization operates (check all that apply): Check Definitions page to help you decide  
*Pantry Programs:*       Emergency       Supplemental       Target Population  
*Pantry Programs, complete sections 1, 2, 3 and 6*  
*Meals Programs:*       Emergency Kitchen       Brown Bag       Shelter  
*Meals Programs, complete section 1, 2, 4, and 6*  
*Supplemental Programs:*       Residential       Day Care       Senior  
 Miscellaneous \_\_\_\_\_



*Supplemental Programs, complete sections 1, 2, 5 and 6*

**Supplemental Programs: Please attach a cover letter explaining what services your organization provides and any brochures or printed program information you may have.**



### **SECTION 3. QUESTIONS SPECIFICALLY FOR PANTRY PROGRAMS**

1. How do you decide if a person needs emergency food? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often can the same person or family receive groceries from you in a 12-month period?  
 1    2    3    4    5    6    7    8    9    10    11    12    More
3. What are your current sources for food?  
Donated:  Food Drives    Local Grocery    Local Farmers    Individuals    Restaurants  
 Other, explain \_\_\_\_\_  
Purchased from:  Local grocery store    Wholesaler    Farmers Market  
 Other, explain: \_\_\_\_\_
4. How many meals can one person make from the groceries you provide?  
 3    6    9    12    15    18    21    24    27    30    More  
⇒ Please attach a list of types and amounts of food given in a typical situation.
5. How long does a person wait for food after the initial visit? \_\_\_\_\_
6. Do you allow the people requesting help to choose their own groceries?  Yes    No
7. Do you ask the person if they can use (or want) the types and amounts of groceries you have given them?  Yes    No
8. Do you provide cooking instructions or recipes for the food you provide?  Yes    No
9. Do you provide home delivery?  Yes    No   If yes, how does a person qualify?  
\_\_\_\_\_

### **SECTION 4. QUESTIONS FOR MEALS PROGRAMS**

1. Does a governing body license the organization?  Yes    No  
⇒ If yes, attach a copy of the license to this application. Must attach a copy of your Food Service License.
2. How do you determine that meals provided in your program are nutritionally adequate?  
\_\_\_\_\_  
⇒ Please attach a copy of a weekly or monthly menu plan to this application.
3. How often can the same person eat a hot meal prepared by you in a one-month period?  
 Less    5    10    15    20    25    30    More
4. Do you provide:    Breakfast    Lunch    Dinner    All Three
5. Please explain your service policies: \_\_\_\_\_  
\_\_\_\_\_  
⇒ Please attach a copy of your program policies
6. If a Shelter, how many beds can you provide for one night? \_\_\_\_\_

**SECTION 5. QUESTIONS FOR SUPPLEMENTAL PROGRAMS**

1. Is the organization licensed or certified by a governing municipality or state office?

Yes  No

If yes, please attach a copy of certification. Must a copy of your Food Service License



2. How will you determine that the supplies received from WEST OHIO FOOD BANK will primarily serve the needy, ill or infants?

\_\_\_\_\_  
\_\_\_\_\_

3. Does your organization have program participation policies & agreements?  Yes  No



If yes, please attach a copy

**SECTION 6. AGREEMENT FOR MEMBERSHIP**

1. Have you read the Policies and Guidelines for membership?  Yes  No

2. Indemnification Clause: The undersigned, hereby agree to indemnify, defend and hold harmless West Ohio Food Bank, its subsidiaries and any other affiliates, and any or all of its Directors, Trustees, Officers, Employees and Agents (collectively the "indemnatee"), from and against any and all liabilities, claims, demands, suits, losses, damages, costs and expenses, including reasonable attorneys fees (collectively "liabilities"), for bodily injury to, or the death of any person, and damage or destruction of any property, caused by any negligence, recklessness or intentional misconduct of the undersigned, its subsidiaries and any other affiliates and any or all of its Directors, Trustees, Officers, Employees, Agents and Independent Contractors (collectively the "member agency"), in connection with the handling and distribution of any products received from West Ohio Food Bank by the member agency, except for any liabilities resulting from the negligence, recklessness or intentional misconduct on the part of the Indemnatee.

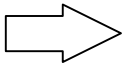
3. By my signature below, I hereby agree to abide by the Policies and Guidelines for Membership, the Indemnification Clause and confirm the information contained in this application is accurate, to the best of my knowledge:

\_\_\_\_\_  
Signature, Director of Member Agency

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print name signed above

**You must attach a copy of the Department of the Treasury Tax Determination Letter,**



**confirming the 501(c)3 non-profit status of your organization.**

**FOR FOODBANK USE ONLY**

Application Accepted: Date: \_\_\_\_\_ By: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Initial Site Visit: \_\_\_\_\_

Application Rejected: Date: \_\_\_\_\_ By: \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_