

## ST. MARY'S FOOD BANK REGISTRATION FORM

PLEASE PROVIDE ALL THE INFORMATION REQUESTED. THIS DATA IS REQUIRED BY AGENCIES FROM WHICH WE ACQUIRE FOOD AND OTHER ITEMS. THIS IS A STRICTLY CONFIDENTIAL FORM FOR ST. MARY'S FOOD BANK OFFICE AND COLLECTING STATISTICS FOR GRANT-FUNDING USE ONLY.

Your First Name	Your Last Name	
Street Address, City, Zip Code		
Phone Number	Date of Birth (Month, Day, Year)	Gender

**GROSS MONTHLY HOUSEHOLD INCOME: \$** \_\_\_\_\_

**SOURCES OF INCOME** (please check all appropriate boxes)

- Employment   
  Public Assistance   
  Child Support   
  SSA   
  SSI   
  SNAP   
  Other

**EMPLOYMENT STATUS**

- Employed   
  Unemployed   
  Disabled   
  Retired   
  Student

**MARITAL STATUS**

- Married   
  Single   
  Divorced   
  Widow/Widower

**PRIMARY LANGUAGE**

- English   
  Spanish   
  French   
  Arabic   
  Farsi   
  other – please name \_\_\_\_\_

**MILITARY STATUS**

- Active Military   
  Veteran   
  None

**ETHNICITY (optional)** (please check all appropriate boxes)

- Hispanic/Latino   
  American Indian/Alaskan Native   
  Asian   
  Black/African American   
  White/Caucasian  
 Native Hawaiian/Pacific Islander   
 Two or More Races   
 Unknown

**LIST ALL MEMBERS OF YOUR HOUSEHOLD. DO NOT LIST OTHER PERSONS UNLESS YOU ARE THEIR PARENT OR GUARDIAN OR HAVE THEIR PERMISSION TO BE LISTED HERE. DO NOT INCLUDE YOUR NAME ON THE FOLLOWING LINES. PLEASE PRINT LEGIBLY.**

Name (First, Last)	Age	Date of Birth (Month, Day, Year)	Gender	Relationship to applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CONTINUE ON BACK**

**Release of Liability:**

I do so affirm that my information given is correct and current. I accept this aid as temporary assistance. I the undersigned, release the St. Mary's Food Bank and the original donors from any liability resulting from the conditions of the donated food, and from any damages, liabilities, losses, claims, causes of action and suits of law or obligations in connection with the use of the food bank facilities and premises and storage and use of food received from the St. Mary's Food Bank and the original donors.

I hereby release discharge, and hold harmless the St. Mary's Food Bank, its directors, management, supervisors, and volunteers from any and all liability.

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**Your Signature**

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**Today's Date**