



(Revised 11/10/2023)

# Food Assistance Application for the Montville Kiwanis Food Pantry

Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street Apt Town State Zip Code

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### Other Members in the Household

Please fill in the information below for all other members living at your address.

First Name	Last Name	Relationship	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

How did you hear about the Montville Kiwanis Food Pantry? \_\_\_\_\_

I agree to adhere to the following Food Pantry policies and visitation guidelines. (Initial Each)

- \_\_\_\_\_ My answers are true and complete, and I agree to report any changes within 30 days.
- \_\_\_\_\_ I will present my Pantry Member ID card in order to be served.
- \_\_\_\_\_ I may visit the food pantry no more than two times per month for assistance.
- \_\_\_\_\_ The food pantry's product availability and selection are subject to change.
- \_\_\_\_\_ I will be respectful and patient with the volunteer staff.

The pantry is open Thursdays from 4:00 PM to 6:00 PM and Saturdays from 10:00 AM to 12:00 PM, excluding holiday closures.

### BELOW TO BE COMPLETED BY INTAKE VOLUNTEER

\_\_\_\_\_

Type of Identification (check): Driver's License ( ) Student ID ( ) County ID ( ) Utility Bill ( ) Other ( \_\_\_\_\_ )

Intake Volunteers Name \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY MEMBERSHIP COORDINATOR: CARD # Issued: \_\_\_\_\_ Date Mailed: \_\_\_\_\_