

Faith Food Pantry

Date _____

New Agency Representative Form

To be completed one time only

We need the following information from every agency representative, not just one page for the whole agency. Please complete the information below and return this page to Faith Food Pantry. Be sure to read and sign the affirmation at the bottom of this page.

Name of Agency _____

Agency Mailing Address _____

Location Address, if different _____

Agency Phone Number _____

Name of Representative _____

Representative Work Email _____

Representative Work Phone, if different _____

Optional: Personal Phone _____

I affirm that I will abide by the USDA and Capital Area Food Bank requirements, including but not limited to keeping sign-in sheets and client records, filling out Intake Forms completely and legibly, getting signatures of clients on Intake Forms, and transporting dairy and frozen foods in coolers with ice or frozen gel packs whenever it will take longer than 20 minutes to get the food to the clients.

Signature of Agency Representative getting food from Faith Food Pantry

Updated April 2018