

Our Daily Bread Mansfield Food Pantry, Inc. 2025 Registration

Date: _____

Name: _____

Address: _____ Apt. _____

Phone Number: _____

Email: _____

Document used for proof of residence _____

Must be a utility bill or first-class piece of mail dated within the past 60 days with your name and address. *A license is NOT proof of residence.*

ODB volunteer who verified proof of residence: _____

Do you receive Food Stamps/SNAP? Y N

Are there any Veterans in your household? Y N

Are you new to the Pantry? Y N

How did you hear about the Pantry? _____

Language Spoken at Home or Preferred Language _____

People living in your household (*your name should be listed first*)

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Ethnicity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information given by me above is true and complete and I have received a copy of the Pantry's Expectations and Information document.

Your Signature

ODB Volunteer (please print)