



New Patron Application

Application Date _____

Patron # _____ (To be filled out by NDP Volunteer)

Name: First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

*Township _____ *NDP serves Jackson, Kelso, Logan, Harrison, York and Miller Townships. If you live outside this area we will provide food ONE TIME and refer you to your local pantry.

Please list ALL people living in your Household

Name (First & Last)	DOB	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

*Continue on the back if more than 6 people in your household.

Liability Disclaimer: I do hereby state that I release and hold blameless the North Dearborn Food Pantry, Inc. from all liability concerning products distributed to me in good faith, and I further agree that the items provided to me will NOT be sold or traded.

Patron's Signature: _____ Date: _____

NDP Representative: _____ Date: _____

Proof of Residence: Please provide a piece of dated mail that was mailed to your current address or your Landlord name and phone number. Patrons must re-verify your current address every six months.

Proof of Residency (Pantry Use Only): _____