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# **BREAD FOR LIFE FOOD CO-OP** **MEMBER APPLICATION FORM** *(Must be 18 years of age or over)*

NAME \_\_\_\_\_  
 Last First Middle Initial

ADDRESS \_\_\_\_\_  
 Street Apartment # City State Zip

PHONE \_\_\_\_\_ # IN HOUSEHOLD \_\_\_\_\_ ETHNIC BACKGROUND \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HAVE YOU LIVED OUTSIDE BLOOMINGTON-NORMAL IN THE LAST 5 YEARS? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE/SKILLS \_\_\_\_\_

AVAILABILITY: Please indicate the days/times you are usually available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ASSIGNMENT PREFERENCES:

- ☐ Warehouse  
☐ Food Co-Op General Worker  
☐ Mission Mart (BMM/LMM)  
☐ Food Pantry  
☐ Custodial

CONTACT IN CASE OF EMERGENCY:

\_\_\_\_\_  
 Name Relationship Telephone

## **AFFIDAVIT OF CONFIDENTIALITY**

Home Sweet Home Ministries, Inc. adheres to the principle of maximum confidentiality and follows the mandates of the Illinois statutes and regulations as from time to time provided, and as currently specified in the Mental Health Confidentiality Act. Accordingly, all board members, staff, volunteers, and others associated with the operation of this agency shall keep all information regarding clients or agency business in general in strictest confidence.

I understand the requirements for confidentiality and agree to abide thereby. I further understand that a violation of confidentiality requirements could result in immediate termination of my involvement with HSHM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Frequently Asked Questions (FAQ)

**Q. Why is the Food Pantry changing?**

A. Home Sweet Home wants to avoid creating dependent relationships that reinforce unhealthy messages about people's capabilities. We also want people to use their God-given talents and abilities to provide for themselves & their families. We don't want to do something FOR YOU when you can do something FOR YOURSELF. By switching from the 1-way, dependency producing relationship a food pantry provides we think you'll experience an increase in your sense of accomplishment, dignity, and overall capability.

**Q. Why do I have to join the Co-op to get my food now?**

A. By joining the Co-op you establish an "ownership" role in meeting your household's food needs. Even though you may have limited finances, we want you to know that you have more to offer than just money. God created each of us to be able to work and wants us to be able to provide for ourselves rather than rely on others. Besides, it is always more satisfying for someone to earn their own way rather than to be handed something.

**Q. What does Co-op membership require?**

A. There are two options for Co-op membership. You can either work 2 hours for each visit or you can work 1 hour and pay a \$5.00 fee for each visit. Your membership requirements must be met before each visit to the Co-op.

**Q. Can I just show up at any time to work?**

A. No. You will need to schedule your hours beforehand with our Food Co-op personnel.

**Q. Can I work for my spouse/girlfriend/boyfriend to meet their membership requirements?**

A. All adults (18 and over) must become a Food Co-op member themselves. This means they are responsible for fulfilling the requirements themselves.

**Q. What if I'm not able to physically work due to a physical or mental disability or I am sick?**

A. We have a variety of work opportunities that can work for most people, regardless of physical condition.

**Q. Can someone else complete my work for me?**

A. No. You must complete your own work hours.

**Q. How often can I visit the Co-op?**

A. As long as you are a current member (have met the membership requirements) you may come twice a month. Larger families may arrange for more frequent visits with Co-op staff if needed.

**Q. Do I have to work each time I want to visit the Food Co-op?**

A. Yes, you must complete the work each time you visit the Food Co-op. This means if you choose the 2 hour membership option you must complete both hours before each visit. If you choose the 1 hour and \$5 option, you must complete both the work and pay the membership cost before each visit.

**Q. I don't want to/I don't have time to do work, can I still get food?**

A. You must become a co-op member and complete the required hours to receive food from the Food Co-op.

*If you do not want to complete the membership requirements, there are other food resources in the community to which we can refer you.*

**I have read & understand the expectations for the Bread of Life Food Co-Op membership.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_