



It takes a Village...

Client Registration Form

Full Name:			Date of Request:	
Address:	Street Address:		City:	
	Postal Code:		Apt #:	Buz. # (If any):
Phone:	Home:		Cell:	
Employment Status:	Unemployed: <input type="checkbox"/>	Employed: <input type="checkbox"/>	Full Time: <input type="checkbox"/>	Part-Time: <input type="checkbox"/>
Indicate your source(s) of income (Including Social Assistance, EI, ODSP, CPP, OAS, Child Support, or any other):				
Name and contact information of the worker/contact person from your financial assistance agency:				
Do you own your residence or rent?			Rent: \$ <input type="text"/>	Mortgage: \$ <input type="text"/>
Family Size (Number of dependants in your immediate family):				
Please provide family detail below. Attach extra sheet if required.				
Full Name	Relationship to Applicant	Age	Status Details: student, employed, unemployed, senior, stay-home, etc	
1.				
2.				
3.				
4.				
5.				
6.				
Allergies or dietary restrictions due to any health issue or religion:				
How did you know about Village of Hope:				
Notes:				

Village of Hope is not responsible for quality or quantity of food given out. We only pass on upon request what is received as donation. Village of Hope does not guarantee any specific quantity or availability of any specific food item. Clients receiving any item from Village of Hope are themselves responsible to check the product and suitability for use. If they are in doubt, they must not use the food and discard it. Use of any food item is solely on client's personal discretion. Checking for allergy and avoiding any specific food is solely client's responsibility. Village of Hope does not bear any liability what so ever in this regard. By completing this form, the client agrees to accept help and support from Village of Hope on these terms and completely and unconditionally indemnify Village of Hope in all respects from any liability.

Applicant's Signature: _____ Date: _____