



# Mobile Food Shelf Partner Enrollment Form

Date: \_\_\_\_\_



Property Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Manager Phone #: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Management Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Site Information

Does your location have a meeting area for a volunteer to answer questions and help with enrollment?	Y / N
Does you location have an individual that may be interested in the Enrollment Specialist volunteer position? Training will be provided.	Y / N
Does your location have capacity to store refrigerated and frozen items for residents who are not available at the time of delivery?	Y / N
Does your location have a secure location for residents to drop off order menus prior to the Order Menu Due Date? (example: the rent drop box)	Y / N
Will the property manager be onsite during delivery?	Y / N
Total number of Units	

## Site Comments

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Us!**

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