



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 your 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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