

**GENERAL INFORMATION**

**What is the schedule of your religious ceremonies?**

Monday	AM _____ to _____	PM _____ to _____
Tuesday	AM _____ to _____	PM _____ to _____
Wednesday	AM _____ to _____	PM _____ to _____
Thursday	AM _____ to _____	PM _____ to _____
Friday	AM _____ to _____	PM _____ to _____
Saturday	AM _____ to _____	PM _____ to _____
Sunday	AM _____ to _____	PM _____ to _____

**FOOD AID SERVICE**

**Are food aid users also members of your religious institution?**

\_\_\_\_\_

**What are the conditions for a person to have access to the food aid service?**

<input type="checkbox"/> Volunteer	<input type="checkbox"/> Reside in the area
<input type="checkbox"/> Become a member of the religious institution	<input type="checkbox"/> Become a member of the organization
<input type="checkbox"/> Participate in religious worship	<input type="checkbox"/> Being financially precarious
<input type="checkbox"/> None	
<input type="checkbox"/> Monetary contribution, how much: _____	
<input type="checkbox"/> Other, specify: _____	

**Is there a religious service before, during or after the food aid service?**

Yes    No

Comments: \_\_\_\_\_

**Are food aid users invited to donate to your religious institution?**

Yes    No

Comments: \_\_\_\_\_

**During the food aid service, is there any solicitation to become a member or participate in the religious institution?**

Yes    No

Comments: \_\_\_\_\_

**DECLARATION**

I certify that the information provided above is complete and true.

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Name (in print)

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Title

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Signature

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Day / Month / Year