

# Emergency Services Network: Member Application

Please fill out it its entirety, and contact ESN Coordinator with any questions, comments, or concerns.

## CONTACT INFORMATION

Church/Program Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

ESN Main Contact Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Are you available via text?  Yes  No

## PROGRAM OVERVIEW

Please tell us about your ministry/program.

Average # of paid staff members serving in your program each month: \_\_\_\_\_  
Average # of unpaid volunteers serving in your program each month: \_\_\_\_\_

# of years your program has been in operation: \_\_\_\_\_  
# of years your program has been a part of this ESN: \_\_\_\_\_

Days, Hours, and Frequency of Operation (ex. 1<sup>st</sup> Friday of the month, 10-12PM):  
\_\_\_\_\_

Types of Services provided by your program (Check all that apply):

Congregate Meals (served on-site)     Bulk Food     Other (Please Specify) \_\_\_\_\_  
 Home-Delivered Meals     Food Vouchers

Types of Services provided by your church/organization (Check all that apply):

Used furniture, clothing, etc.     Share Florida     GED Program     ESL Program  
 Personal Grooming Services     Benefits Screening     Immigration Services     Other (\_\_\_\_\_)

Please list funding sources (and the \$ amount) that support your program on a typical month:

Local Church & Other Cash Donations \$ \_\_\_\_\_  
Local Church Food Donations ( \$ value) (ex. 20 cans = \$20 value) \$ \_\_\_\_\_  
Other Food Donations (estimate \$ value) \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_



**PROGRAM IMPACT**

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Please tell us about the people you serve.

**Are you mostly serving your congregation, or the larger community? (Check all that apply)**

- All congregants       Equally congregants and community members       Mostly community members
- Mostly congregants       All community members

**What is the GENERAL population your program serves? (Check all that apply)**

- Families       Living in shelter       Substance Abuse       Elders (62+)
- Minors (0-17)       Homeless       Domestic Violence       People with Disabilities
- Other: \_\_\_\_\_

**What is the PRIMARY population your program serves?**

- Families       Living in shelter       Substance Abuse       Elders (62+)
- Minors (0-17)       Homeless       Domestic Violence       People with Disabilities
- Other: \_\_\_\_\_

**Approximately how many clients does your program serve:**

- On-Site      each week? \_\_\_\_\_      each month? \_\_\_\_\_      each year? \_\_\_\_\_
- In Deliveries      each week? \_\_\_\_\_      each month? \_\_\_\_\_      each year? \_\_\_\_\_
- With Bulk Food      each week? \_\_\_\_\_      each month? \_\_\_\_\_      each year? \_\_\_\_\_

**Please estimate ROUGHLY, what percentage (%) of those you serve are:**

- Likely eligible to receive Public Benefits (SNAP, WIC, etc.)      \_\_\_\_\_%
- Likely to be unemployed      \_\_\_\_\_%
- Likely to be undocumented      \_\_\_\_\_%
- Speak a primary language that is NOT ENGLISH      \_\_\_\_\_%

**Are there any eligibility requirements to be served by your program?**

- No       Yes (please explain: \_\_\_\_\_)

**PROGRAM INTERESTS**

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**Branches can help your program connect with dozens of partners in the community. Please let us know if you are interested in learning more about other South Florida resources.**

**What services are of potential interest to your program and/or those you serve? (Check all that apply)**

- Congregate Meals (hot meals served on-site)
- Home-Delivered Meals
- Food Vouchers
- Bulk Food (dry goods)
- Share Florida Food Program
- Personal Grooming (Free Hair Cuts, etc.)
- Used Goods (furniture, clothing, etc.)
- GED Programs
- ESL Programs
- Benefits Screening
- Immigration Services
- Financial Education (such as money management, resume preparation/job searching, credit, debt, taxes, etc.)
- Other (please specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

