

Sexsmith & Area Foodbank Hamper Application **2026**

Applicant Information

Hamper #

Email address:

Please fill in your information below neatly and accurately

Last Name:

First Name:

Spouse Name:

Current Home Address:

Box #:

Town:

Province:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

******Proof of residency – driver's license and or a bill******

All applications are considered on a case by case basis

Confirmation and declaration

I _____ declare that the information I have provided above is true and accurate.

I consent to my personal information being shared with Sexsmith and Area Foodbank, distributing food hampers. More information on next page.

Signature:

Date:

Witness:

Date:

PICK UP : ☐ Self ☐ Other (Name):

DELIVER

Delivery instructions –or Special Diet consideration

Hamper pick up day is **Wednesday December 16, 2026**, from 10:00 am until 2:00 pm at **the Sexsmith Community Centre, 9802-103 Street Sexsmith, AB**

Family Information

Please list all members of your household. Use extra sheets if necessary.

Name: Sex: M F

Age:

Name: Sex: M F

Age:

Name: Sex: M F

Age:

Name: Sex: M F

Age:

Name: Sex: M F

Age:

Name: Sex: M F

Age:

I authorize FCSS Town of Sexsmith/County of Grande Prairie to release and/or receive the personal information described above to the Sexsmith and Area Foodbank. I understand why I have been asked to disclose my personal information, and I am aware of the risks and benefits of consenting or refusing consent.

Your information will only be used and disclosed as necessary for the purpose of administering the program and service pertaining to this form. Refusal to release information may result in an impact on eligibility of services offered.

Contact Info: Freda -Sexsmith Foodbank 780-933-4411

**Contact Info: Wellington Resource
wrc@countygp.ab.ca 780-567-2843**

Contact Info: fcss@sexsmith.ca 780-568-4345