

**Application for Medical Equipment & Supplies**

to the

**NORTH OKANAGAN VALLEY GLEANERS SOCIETY**

Mailing Address: PO Box 28038 Lavington Main PO, Vernon, BC V1B 3L9

Telephone (250) 558-5872

Website: www.novgleaners.org

E-Mail: novgleaners@gmail.com

1) NAME OF ORGANIZATION: \_\_\_\_\_

2) ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL/WEBSITE \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

3) CONTACT PERSON \_\_\_\_\_

4) CANADIAN CHARITY REGISTRATION NUMBER \_\_\_\_\_

5) WHAT MEDICAL ITEMS ARE YOU INTERESTED IN? \_\_\_\_\_

6) WHAT IS THE PLANNED DESTINATION ? \_\_\_\_\_

7) WHEN DO YOU PLAN TO SHIP? \_\_\_\_\_

8) DO YOU HAVE REQUIRED FUNDS IN PLACE TO COVER SHIPMENT? \_\_\_\_\_

Note: All arrangements and costs associated with pickup and shipment are your responsibility.

9) WHO IS DISTRIBUTING THE CARGO AND HOW WILL IT BE DISTRIBUTED? \_\_\_\_\_

10) NAME THE MAIN CATEGORIES OF PEOPLE WHO BENEFIT FROM THESE ITEMS (e.g. disabled, deaf, blind, the hospitalized, isolated, poor) \_\_\_\_\_

11) HOW WILL YOU GIVE FEEDBACK TO THE GLEANERS? (e.g. suitability of the items; arrival condition; improvements that could be made; personal stories; testimonials; photos) \_\_\_\_\_

12) WOULD YOU LIKE TO BOOK A TOUR OF THE GLEANERS OR ARRANGE TO VOLUNTEER FOR A DAY, SO YOUR SUPPORTERS CAN EXPERIENCE OUR MINISTRY? \_\_\_\_\_

13) WOULD YOU CONSIDER A CONTRIBUTION TOWARDS THE COSTS INCURRED BY THE GLEANERS TO COLLECT THESE ITEMS? \_\_\_\_\_

The applicant agrees that this product is a donation designated for use on mission relief projects only, not for sale, or for exchange for profit or gain, and is of no commercial value. The Applicant becomes an Agent of North Okanagan Valley Gleaners in accepting and distributing this product, and shall provide North Okanagan Valley Gleaners with tracking documentation including copies of bills of lading and field distribution reports.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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For Gleaners Use:

Approved by North Okanagan Valley Gleaners \_\_\_\_\_ Date \_\_\_\_\_