

BRTC Nutrition and Dietetics Food Pantry

Food Pantry Application

Information provided in this application will be used only by Nutrition and Dietetics food pantry and only for funding and assessment purposes. Personal information will be kept **confidential**. Only statistical information will be used.

General Information

First Name: _____ Last Name: _____

Student ID: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Year of Birth: _____ Gender: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Not Employed

Academic Information

Are you a full-time student? ☐ Full-Time ☐ Part-Time Total Credit Hours Completed _____

Household Information

Does any member of the family have a food allergy? ☐ Yes ☐ No

Please list any dietary restrictions: _____

Please list the name and ages of all persons in your household:

Please check all of the following that you have access to: ☐ Stove Top ☐ Oven ☐ Microwave

Volunteerism

Would you be willing to volunteer at the food pantry? ☐ Yes ☐ NO

If yes, what time would you be available to volunteer? _____

Campus to pick up from: ☐ Paragould ☐ Pocahontas Best date and time for pickup: _____

Acceptance of Free Food and Waiver of Liability

By my signature, I acknowledge receipt of free food from Black River Technical College Nutrition and Dietetics Food Bank. I understand this is a gift and not a reoccurring obligation by Black River Technical College. I further understand and agree that by accepting this donated food I freely and voluntarily, with full knowledge, hold harmless and in no way liable or responsible for the quality, condition or packaging of the food, Black River Technical College, its employees, students, volunteers, and food suppliers.

Signature: _____ Date: _____

Print Name: _____

All information must be filled out completely for eligible for food pantry.

For Office Use ONLY

Approved by: _____ Date: _____

Date Received: _____ Date Filled: _____ Date Picked UP: _____