**Western Illinois University-Quad Cities**

**Food Pantry Registration**

**General Information**

Name\*:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (Choose all that apply): Caucasian\_\_\_ African American/Black\_\_\_ Latino\_\_\_ Asian\_\_\_

Middle Eastern\_\_\_ Pacific Islander\_\_\_ Native American/Alaskan\_\_\_ Other\_\_\_

Age\_\_\_\_\_ Gender Identity: Male\_\_\_ Female\_\_\_

Email\* (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What time would you be most likely to use the WIU-QC Food Pantry (Mark all that Apply**)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday | □ | □ | □ |
| Tuesday | □ | □ | □ |
| Wednesday | □ | □ | □ |
| Thursday | □ | □ | □ |
| Friday | □ | □ | □ |

**Campus Status (Mark all that apply)**

Full-Time Student\_\_\_ Part-Time Student\_\_\_

Staff\_\_\_ Faculty\_\_\_ Veteran\_\_\_

**Household Information**

How many individuals are in your household?\_\_\_

How many of those individuals are under the age of 18?\_\_\_

**Acceptance of Free Food and Waiver of Liability**

**­­­­**By my signature I acknowledge the receipt of free food from the food pantry. I understand this is a gift and not a recurring obligation by the university or food pantry. I further understand and agree that by accepting this donated food I freely and voluntarily received, with full knowledge, hold harmless and in no way liable or responsible for the quality, condition or packaging of food, the university, its volunteers, agents, employees, students, donors, and food suppliers.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**\*: No names or identifying information will be released outside of the institution.**