



Saint Francis Medical Center  
College of Nursing

*"A Tradition of Excellence in Nursing Education"*

### Food Pantry Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

**General Information:** (required by Midwest Food Bank)

Age: \_\_\_\_

Gender: Female \_\_\_\_ Male \_\_\_\_ Transgender \_\_\_\_

Student Status: Full-time \_\_\_\_ Part-time \_\_\_\_

Ethnicity (Choose all that apply):

Caucasian \_\_\_\_ African American/Black \_\_\_\_ Latino \_\_\_\_ Asian \_\_\_\_

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

**Household Information:**

How many individuals are in your household, including yourself? \_\_\_\_

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

Employment status: Employed Yes \_\_\_\_ No \_\_\_\_

If yes, Full-time \_\_\_\_ Part-time \_\_\_\_

What type of housing do you have? Dorm \_\_\_\_ Off-campus \_\_\_\_ Homeless \_\_\_\_

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Purposes Only: Student ID Number \_\_\_\_\_