Emergency Food Pantry: Interview Form

Welcome!

- The purpose of the emergency pantry is to provide supplemental food to students who need this kind of assistance.
- To be eligible for emergency pantry services, you must be enrolled for courses at COS and present proof of enrollment once per semester.
- Please provide your banner ID number each time you access the emergency pantry.
- Each time you come to the emergency pantry, you will be asked to check-in and have a short interview with our school nurse or other emergency pantry representative. The purpose of this interview is to determine what kinds of foods you would like and to offer referral information for community resources.
- Please take only the kinds of food you will actually use, so that we have plenty for everyone. **Visits are limited to one or two unless need demonstrates otherwise.**

Please read and sign below so that you may receive your food:

I understand that food distribution at the COS Tulare Health Center emergency pantry is provided through donations and health center funds and that neither COS in general nor the health center specifically make any warranties as to the quality of the food or its value for any particular purpose.

I voluntarily accept the food “as is”. By my signature below, I release COS and the Tulare Health Center from any liability for harm (including injury or death) or losses in connection with the food that I have received. I assume any risks and covenant not to sue the released parties with respect to such harm or losses.

I understand that the emergency pantry operates on limited funds and in support of others, and not as a service of College of the Sequoias. I will not abuse the services of the emergency pantry. I will only request and take the items that I reasonably expect myself and/or my family to use. I understand the privilege of using the emergency pantry may be denied to me at any time for violation of the emergency pantry or College of the Sequoias policies.

Signature: _____________________________ Date: __________________________

Contact tel. no. _____________________________

My signature above grants permission for a COS representative to use the above contact telephone number for reaching me for purposes of evaluating the measurable outcomes of this project.

Initial: _______