



Southeast Arkansas College Food Pantry Application

Must present SEARK ID at time of pick up

General Information:

First Name: _____ Last Name: _____

SEARK ID Number: _____ Phone Number: _____

Address: _____ City/State: _____ Zip Code: _____

Date of Birth: _____ Veteran: Yes No (Please circle one)

Please circle one:

Can you accept refrigerated/frozen food items:

Student Staff Faculty

Yes No

Household Information:

Please list the name and ages of **ALL** persons in your household (including yourself):

How many people in your household are currently employed? _____

Acceptance of Free Food and Waiver of Liability:

By my signature, I acknowledge the receipt of free food from the Southeast Arkansas College Food Pantry. I understand this is a gift and not a reoccurring obligation by Southeast Arkansas 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 Southeast Arkansas College, its officers, agents, employees, students, donors, volunteers, and food suppliers for the quality, condition or packaging of the food.

Printed Name: _____

Signature: _____ Date: _____

Please return the completed form to the Career Pathways office (College Hall, Office 112/113)

INTAKE INITIALS: _____ **DATE:** _____