

Belfield Medora Food Pantry

Month: _____

The pantry is open the 3rd Thursday from 5:00 – 7:00 pm MST.

Weekly you can access perishable items at the pantry from 3:00 – 4:00 pm MST.

Please read through and attest to the following:

- I fully understand that the Belfield Medora Food Pantry is for emergency use only
- All information is accurate and truthful
- Any falsification of information will result in a disqualification at *this* Food Pantry
- I agree to not sell or barter any food item(s) received from *this* Food Pantry
- I agree that I am physically able to carry my food box OR will bring someone to assist me.

Please Print:

Full Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Household Size – total number of person's residing in your home:

Adults: _____ Children: _____ Seniors: _____

I would like to sign up for **SNAP** (choose one): Yes _____ No _____

Disclaimer: I, the client, hereby release both the original donor, the Belfield Medora Food Pantry, and the workers from any liability resulting from the conditions of any donated food. I agreed to indemnify and hold the Belfield Medora Food Pantry board members free and harmless against all and any liabilities, claims or action and suits of law or any obligations in connections with its storage and use of donated food.

Signature: _____ Date: _____

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Office of the Assistant Secretary for Civil Rights