

# Gilberts Pantry Request Form

Student Name: \_\_\_\_\_ CSI Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dependents

(others in your home you are financially responsible for):

Ages 0-2 \_\_\_\_\_, Ages 3-9 \_\_\_\_\_, Ages 10-17 \_\_\_\_\_, Ages 18-54 \_\_\_\_\_, Ages 55+ \_\_\_\_\_

\*\*Pantry is based on donations and product availability: Please check your food preference\*\*

Canned Fruit	Check	Canned Vegetables	Check
Applesauce		Carrots	
Fruit Cocktail		Corn	
Pears		Diced Tomatoes	
Peaches		Green Beans	
Pasta & Grains	Check	Proteins	Check
Instant Potatoes		Peanut Butter	
Pasta		Canned Tuna	
Macaroni & Cheese		Beans	
Rice		Dry Beans	
Boxed Pasta Meals			
Breakfast	Check	Other Products	Check
Cereal		Jam/Jelly	
Granola Bars		Juice	
Oatmeal, Grits		Salt/Pepper	
		Cooking Oil	
		Can Openers	
Soups	Check	Hygiene Items	
Chicken		Toothbrush	
Beef		Toothpaste	
Vegetable		Soap	
Canned Pasta			
Chili			
<b>List Allergies or Food Restrictions:</b>			
<b>Food Suggestions/Products not listed above:</b>			

Gilbert's pantry warrants that the following release and indemnity will apply during any and all periods in which the student receives assorted foods. Gilbert's Pantry warrants that the donated and purchased food will be duly inspected by its authorized representatives upon delivery and found fit for human consumption.

It is further understood and agreed by Gilbert's Food Pantry that:

1. The donated/purchased food provided by the food pantry is accepted by student "as is" and releases the college staff and volunteers from any liability for harm (including injury or death) or losses in connection with the food or supplies I have received. Some food has surpassed its "best buy" consumption date. This date is for peak flavor and quality, and is not a purchase by or safety date.
2. The intent of this program is to offer assistance to students with limited food resources. I will not abuse the services and will only request and take the items that I reasonably expect myself and/or my family to use.
3. I acknowledge that I am a currently registered student at the College of Southern Idaho.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Forms can be submitted to the Office of Student Affairs, located in the Taylor Building, 2<sup>nd</sup> floor or [rlopez@csi.edu](mailto:rlopez@csi.edu)  
Student should expect a 3-5 business day response.*

Office of Student Affairs Office Use ONLY			
Date Reviewed		Credits:	
Enrollment Verification	Y      N	Staff Initials	