

W.C.F.S. Client Registration Form

Client Name (please print) _____

Alternate Shopper _____

Address _____ **Town** _____

Homeless _____

Phone Number _____ **Email** _____

Date: _____

Number People in Family:

Age 0-18	Age 18-64	Over 65	Total

Dietary Considerations: Low Sodium **Food Allergies:** Nuts Soy Shellfish Wheat/Gluten Dairy

Pets: _____ Dog(s) _____ Cat(s) _____ Other _____

Other/Notes: _____

By signing below, you agree that the information you provided above is true, and further understand that:

- *You relinquish the Williston Community Food Shelf, and its volunteers, of all liability of any nature whatsoever, and accept the food "as-is", and at your own risk.*
- Food is provided on a first-come, first-served basis and there is no guarantee to the amount or type of food product given, though we will make every attempt to adhere to our established standards as often as possible.
- Clients who sell, exchange or barter products provided by the Williston Community Food Shelf for personal gain, services or illicit purposes will be prohibited from future visits.
- The Williston Community Food Shelf values the safety, security and confidentiality of its clients and volunteers above all else, and will dismiss individuals exhibiting disruptive and/or disrespectful behaviors, close the establishment, and notify the authorities as we see fit. Additionally, we reserve the right to prohibit future visits by individuals and/or families who violate our trust and commitment to these values.

*Client Signature**Date*

Client Re-Certification: Date _____ Proof of residency provided _____ Shift _____

Leader _____ **Client Re-Certification :** Date _____ Proof of residency provided _____ Shift _____

Leader _____ **Client Re-Certification :** Date _____ Proof of residency provided _____ Shift _____

Leader _____ **Client Re-Certification :** Date _____ Proof of residency provided _____ Shift _____

Leader _____