



FILIPINO SENIORS CLUB OF BRITISH COLUMBIA (FSCBC)

bc-filipinoseniorsclub.ca 1056 54th St., Vancouver, B.C., V5X 1L7 June 2, 1982 BN 89318 8979 RR0001

“FSCBC ReFood Cares” BENEFICIARY INTAKE FORM

DATE	
FULL NAME	
ADDRESS	
PHONE NUMBER	
EMAIL	
HOW MAY WE CONTACT YOU?	PHONE CALL ☐ TEXT MSG ☐ EMAIL ☐
GENDER (OPTIONAL)	
AGE (OPTIONAL)	
MARITAL STATUS (OPTIONAL)	
EMPLOYMENT STATUS	
LANGUAGE(S) SPOKEN	
FOOD RESTRICTIOS (ALLERGIES)	
# OF CHILDREN (0-12)	
ARE ANY INFANTS (0-2)	
# OF TEENS (13-19)	
# ADULTS (20-64)	
# OF SENIORS (65+)	
TOTAL # IN YOUR HOUSEHOLD	
IF NOT YOU WHO WILL PICK UP YOUR HAMPER?	NAME(S):
	Phone:
PLEASE TELL US ABOUT YOUR CURRENT SITUATION	



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Recipient Registration and Waiver Agreement

The FSCBC Cares Refood Program is dedicated to collecting surplus food from grocery stores and other sources and distributing it to those in need. Our program focuses on serving Filipino and Indigenous communities, as well as individual families facing food insecurity. By rescuing food that would otherwise go to waste, we aim to alleviate hunger and reduce the environmental impact of food waste.

Recipient Information:

- **Name:** _____
- **Address:** _____
- **City:** _____
- **Province:** _____
- **Postal Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

Emergency Contact:

- **Name:** _____
- **Phone Number:** _____

Recipient Agreement and Release of Liability:

1. Recipient Participation: I acknowledge that my receipt of food from the FSCBC Cares Re-food Program is voluntary.

2. Nature of Food: I understand that the food provided is surplus food that has been rescued from various donors. As such, it may be near or at its "best before" date, and the variety and quantity are not guaranteed.

3. Assumption of Risk: I am aware that consuming surplus food carries inherent risks, including but not limited to the risk of foodborne illness, allergic reaction, or spoilage. I voluntarily assume all risks associated with the receipt, storage, preparation, and consumption of the food provided.



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4. Release of Liability: In consideration for receiving food, I, on behalf of myself and my household, hereby release, discharge, and hold harmless the FSCBC Cares Refood Program, its officers, employees, volunteers, partners, and food donors from any and all claims, damages, illnesses, injuries, or liabilities arising from or related to the quality, condition, or consumption of the food received.

5. Photographic Release (Optional):

I grant permission for the FSCBC Cares Re-food Program to take photographs or videos of me for promotional purposes.

☐ **YES, I grant permission.** (Please check box if you agree)

☐ **NO, I do not grant permission.**

I understand that my name will not be associated with any images without my express consent.

6. Compliance with Policies: I agree to adhere to all guidelines and policies set forth by the FSCBC Cares Refood Program for recipients.

Signature:

I have read, understood, and agree to the terms of this Recipient Agreement and Release of Liability.

- **Recipient Signature:** _____

- **Printed Name:** _____

- **Date:** _____

(Parent or Guardian must sign for any recipient under the age of 19)

- **Parent/Guardian Signature:** _____

- **Printed Name:** _____

Noted: _____

FSCBC Cares Re-food Coordinator

Date: _____