



**RIVER VALLEY REGIONAL
FOOD BANK**
A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL



**River Valley Regional Food Bank
REQUIRED EMAIL PROGRAM APPLICATION**

Name of Agency: _____

Address: _____

Email Address: _____

As the designated contact person for the above named organization, I recognize and acknowledge the requirement of a designated email recipient. By participating in the Email Program in this role, I understand that I will be notified on a regular basis of the current Food Bank inventory. I acknowledge that all orders must be placed by FAX or email and that no orders can be made by phone. I understand that all inventories of frozen, refrigerated, no fee, and products listed as “assorted” cannot be place “on hold” and that these inventories may only be selected by appointment. I further acknowledge that all notifications of Product Recalls will be sent to the Email address provided above. I will notify our organization representatives of our participation in this program and its procedures and of any product recalls sent by email.

Contact Person: _____
(print)

Contact Person: _____
(signature)