



Date: _____ Please initial _____

Express-o of Love Diaper Bank Client Application

Eligibility:

- Montgomery, Alabama residents who are parents, guardians or caregivers for children 3 ½ years of age and younger (42 months).
- Applicants must provide number of children in household.

Please answer all questions in print

Agreement:

I understand that Express-o of Love Diaper Bank provides donated diapers as received and cannot accommodate specific requests for styles or brands. As available, baby wipes may also be distributed. The Express-o of Love Diaper Bank cannot make any guarantees of availability.

I do. _____ Please initial _____

I understand that each family is asked to sign a product liability waiver as all diapers / wipes are donations provided to the Express-o of Love Diaper Bank solely for the purpose of the Diaper Bank distribution to families in need of diapers and the Diaper Bank does not take on any responsibility or liability whatsoever for products it is distributing.

I do. _____ Please initial _____

I understand that the diapers received are for the sole purpose of my child in need and not to be sold or distributed to other people.

I do. _____ Please initial _____

I understand that the service is for Montgomery residents.

I do. _____ Please initial _____

Last name: First name: Middle initial:

Relationship to child (please circle): Parent/Guardian/ Other

Child's name: _____ **Child's Diaper Size:** _____

Child's Date of birth:

Street Address, Apt#/Unit#:

City: State: Zip code:

Parent/Guardian/ Other Contact Email:

Race (please circle): Black (not Hispanic origin) / Hispanic / White (not Hispanic origin) /Asian Native American or Alaskan

Emergency Diaper Pickup (please circle): Yes/No

Please Sign _____