

Strong Castle Outreach  
G.I.F.T Support Application  
(GIVE. IMPACT. FAMILY. THRIVE)

**FOR OFFICE USE ONLY:**

CASE #: SC- \_\_\_\_\_

DATE REC: \_\_\_/\_\_\_/\_\_\_

APPROVED BY: \_\_\_\_\_

FED EIN #: 92-1142418

**Form Instructions:**

Please complete this application form thoroughly and accurately.

If you need help or have questions, contact us at: [info@mysco.org](mailto:info@mysco.org), or (817) 840-5121.

Submit the completed form to [giftprogram@mysco.org](mailto:giftprogram@mysco.org), fax: (817) 394-1085.

Applications will be reviewed and processed in a timely manner.

Please note that we may require additional information, or documentation to verify eligibility.

**Household Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Household Size and Composition:**

How many adults in the household: \_\_\_\_\_

Children: \_\_\_\_\_ (How Many)

**PLEASE NOTE: IF YOU HAVE MORE THEN 6 CHILDREN IN YOUR HOME, PLEASE CONTACT AN SCO (STRONG CASTLE OUTREACH) REP IF YOU ARE IN NEED OF MORE HELP.**

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ B.O.D: \_\_\_/\_\_\_/\_\_\_  
(clothes / shoe size) \_\_\_\_\_

...continue to next page...

**Please choose the following items needed:**  
*(select all that apply)*

- Diapers
- Formula
- Clothing
- Shoes
- Groceries
- Cleaning supplies
- Hygiene Products
- Furniture
- Other (please specify): -

---

---

---

**Additional Information:**

Is there anything else you would like to share about your household's needs, or circumstances?

---

---

---

**Consent and Signature:**

*I hereby consent to receive gifts and support from Strong Castle Outreach.  
I understand that this program is intended to provide temporary support and that I may be required to provide additional information, or documentation to verify my eligibility.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADULT WAIVER OF LIABILITY, RELEASE, AND ASSUMPTION OF RISK**

This form **must** be completed for **ALL** volunteers **18** years of age or older.

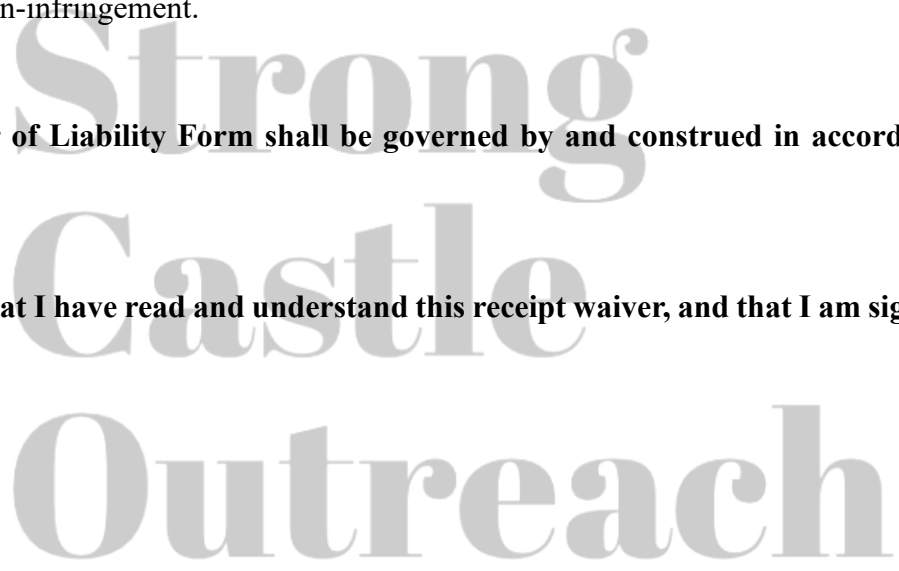
**RELEASE AND WAIVER:** I, \_\_\_\_\_, hereby acknowledge that I have received goods and/or services from Strong Castle Outreach (SCO) through the G.I.F.T program. I understand that these goods and/or services are donated by generous individuals and organizations, and that SCO is acting solely as a facilitator to distribute these items to those in need.

**RECEIVING GOODS:** In consideration of receiving these goods and/or services, I hereby waive and release SCO, its officers, directors, employees, agents, and affiliates (collectively, "Releasees") from any and all claims, demands, actions, or causes of action that may arise from any damages or injuries resulting from the use of these goods and/or services.

I understand that SCO is not liable for any damages or injuries resulting from the use of these goods and/or services, and that I assume all risk associated with their use. I further understand that SCO makes no warranties, express or implied, regarding the goods and/or services, including but not limited to warranties of merchantability, fitness for a particular purpose, or non-infringement.

**GOVERNING LAW:** This Waiver of Liability Form shall be governed by and construed in accordance with the laws of the State of Texas.

By signing below, I acknowledge that I have read and understand this receipt waiver, and that I am signing it freely and voluntarily.



**I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY.**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_