



# Store Pick-Up Application

Date \_\_\_\_\_

Partner Name \_\_\_\_\_

Partner ID# \_\_\_\_\_

Are you open at least 3 hours/weekly?  Yes  No

Current Hours of Operation \_\_\_\_\_

Do you serve at least 100 people per week?  Yes  No

In the last six months, what percentage of children and families with children have you served?

Do you currently pick-up from stores other than the OFS warehouse?  Yes  No

If yes, where? \_\_\_\_\_

Do you currently pick-up meat from the OFS warehouse?  Yes  No

Describe your transportation vehicles and capacity \_\_\_\_\_

Are you willing to participate in a training prior to being assigned a store?  Yes  No

Can you commit to picking-up from a store on the same day, every week?  Yes  No

How would a store pick-up benefit your pantry? (a couple sentences)

\_\_\_\_\_  
\_\_\_\_\_