



## Application for Campus Pantry Partnership

School name: \_\_\_\_\_

Pantry name: \_\_\_\_\_

Pantry location: \_\_\_\_\_

Total number of committee members: \_\_\_\_\_ How many are students: \_\_\_\_\_

How many are faculty members: \_\_\_\_\_ College employees: \_\_\_\_\_

Other sources of food: \_\_\_\_\_

Is your pantry sponsored: \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

Do you have a current 501(c)(3): \_\_\_\_\_ Is your pantry tax exempt: \_\_\_\_\_

If yes, tax exemption expiration: \_\_\_\_\_ Number of students served per month: \_\_\_\_\_

### Hours of operation:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Do you have pest control: \_\_\_\_\_ How often: \_\_\_\_\_

Do you have access to a truck/SUV to transport the food: \_\_\_\_\_

(continued)



Pantry email: \_\_\_\_\_

**Contact #1** (name, number, and email address):

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

**Contact #2** (name, number, and email address):

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

Method(s) used to assess the needs of a pantry on your campus:

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

Types of donations needed:

**Non-Perishable:** \_\_\_\_\_ **Perishable:** \_\_\_\_\_ **Frozen:** \_\_\_\_\_

**Toiletry Items:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Return completed application to: [Melanie.Auberry@operationfoodsearch.org](mailto:Melanie.Auberry@operationfoodsearch.org)

**OFS Representative Only**

Accepted:	
Agency number:	
Denied/Reason:	
OFS Representative:	
Date:	