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

OFS Representative Only

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<td>Agency number:</td>
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