

PANTRY PARTNER

INTEREST FORM



If you're ready to get started and sign up for an "Pantry Partner" week(s), please fill out the below information and email this form to volunteer@ourhouseofportland.org.

Contact First Name: _____

Contact Last Name: _____

Contact Email: _____

Main Contact Phone Number: _____

Are you with a company or organization that would like to work as a team

Yes No

If YES, Company Name: _____

Please Check all that Apply:

- I/We would like to adopt Esther's Pantry and collect donations
- I/We are interested in setting up times for in-person volunteering at Esther's & Tod's
- I/We would like to learn more about workplace giving or corporate matches

Proposed Week/Period of Collection: _____

Proposed Donation Drop-Off Date: _____

Please note this is subject to change upon review of Pantry staff and availability

Once you have submitted your form to volunteer@ourhouseofportland.org, Our House staff will be in touch to confirm your proposed dates and answer any other questions you may have.

Thank you for choosing to support Our House HIV services, we can't wait to partner with you!

