



HHOOT's Distribution Center

HDC Form #114 (Revised 24Jun24 at 1330)



Agency Sign-Up Sheet (Please Print) Date: _____

Individuals (walk-ins) and Volunteers are not required to complete this form or make donations.

Name: _____ Title: _____

Alternate: _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Phone: _____ Cell: _____

Email (a must): _____

Web Address (if any): _____

What type of Organization are you? Church | School | Day Care | Youth Center | Community Center | Homeless Shelter | Transitional Housing | Veterans Post | Veterans Housing | Senior Living | Prison/Jail Other _____

Whom Do You Serve (circle all that apply): Veterans/Military | ExOffenders | Babies/Infants/Toddlers | Gradeschoolers/Kids | Teens & Young Adults | Adults | Seniors | Homeless/on the Streets | Other _____

Best Day & Time You Can Make a Pick-Up						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed all-day				Closed Sorting Day		Closed Sorting Day
	AM or PM		AM or PM	AM or PM	AM or PM	
	10, 11, 12, 1, 2		10, 11, 12, 1, 2	10, 11, 12, 1, 2	10, 11, 12, 1, 2	

WE ARE NOT "OPEN TO THE PUBLIC". HHOOT does not have perishable food items. Our Food Pantry does not have perishable food items or Clothing. Please Note: Because of our Insurance Companies policy, we cannot serve individuals (Walk-In's) unless accompanied by an Authorized Agency/Organization.

Under no circumstances are you allowed or authorized to sell anything you receive from HDC for any reason. Doing so will forfeit your right to pick up any future Donations.

By signing below, you agree to HHOOT's Distribution Center's (HDC) Rules & Guidelines as outlined on our "Posted Signs" and in our "Welcome Letter" given or emailed to you at the signing of this "Agency Sign-In Sheet." **You and/or your Organization also agree to 1) make a minimum donation of \$30.00 per cart, per visit, or 2) you can donate monthly with your MasterCard, VISA, Discover, or AMEX.**

Please Don't be Greedy & The More You Take, the More You Should Donate

Signed: _____ Title: _____ Date: _____

You will automatically be added to our email list and sent weekly notices & updates.

**We need to know the demographics of who and how many people
your Organization is serving per month (No Names, Just Numbers)**

HDC can not serve organizations outside Marion County per our agreement with our Suppliers.

We know it is almost impossible to be exact, but give us your best estimates.

Type of Person	Newborn Infants Toddlers	Gradeschoolers & Kids 5-12	Teens & Young Adults 13-21	Adults 21-64	Seniors 65 +	Totals
Groups						
Disabled (civilian)						
Children						
Housed / Sheltered						
Homeless / Streets						
ExOffenders						
Seniors						
Veterans / Military						
Other						
Gender						
Male						
Female						
Other						
Race / Ethnicity						
Caucasian						
African American						
American Indian						
Assassin						
Latino / Hispanic						
Other						