

CHI St. Vincent Values In Action Thanksgiving Food Basket Application

The CHI St. Vincent Values In Action committee and your fellow employees would like to share in the joy of Thanksgiving with you and your family. If you feel that you are in need this Thanksgiving season, please complete an application and <u>have your Supervisor sign</u> the application.

Deadline for application to be turned in for CHI St. Vincent Infirmary is <u>Friday, October 23rd</u>. Please drop off at Administration Office or send electronically to KMcNespey@stvincenthealth.com.

Please **read and initial** each of the following conditions before completing the application:

- _____ I have been employed by CHI St. Vincent, Conifer, Sodexo or Crothall for a **minimum of 90 days** in a full time or part time status.
- _____ I give my permission to the CHI St. Vincent Values In Action committee to verify the information below to be true to the best of my knowledge.
- _____ I understand that my application may be denied for reasons other than those stated above and that the committee evaluates each application individually.

I have read and agree with all the conditions above:

Signature:	Date:	
Employee Information:		
Employee (print name):	Phc	one:
Job Title	Department	FT: PT:
Hospital / Clinic location:		
***Number of immediate family living in Please note that we must share the f	household ood equally among all of our applicants. Th	hank you for your understanding.
Supervisor's Name:	Phone Numb	er
Please explain your need for assistance:		
l,	, affirm that the employee listed	on this application is in need
(Supervisor Name – PLEASE PRINT)	of assistance this Thanksgiving.	
Supervisor Signature:	Date:	
	All applications are confidential.	