



CHI St. Vincent
Values In Action Angel Tree Application

The Values In Action committee and your fellow employees would like to share in the joy of Christmas with you and your family. One of the true meanings of Christmas is being able to share with our co-workers. If you feel that you are in need this holiday season, please complete an application and have your Manager/Director sign the application. All applications are "confidential".

The deadline for the application to be turned in for CHI St. Vincent Morriton is Friday, November 8th at 12:00PM. You may turn it in at the Administration Office, Human Resources Office, or send it electronically to JHopkins@stvincenthealth.com.

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

- I give my permission to the VIA committee to verify the information below to be true to the best of my knowledge.
I understand VIA committee may conduct checks with other non-profit organizations sponsoring similar charitable acts to verify that I have not applied elsewhere.
I understand that my application may be denied for reasons other than those stated above.
I understand that computer equipment, software, games/TV/DVDs or entertainment systems and other electronic devices will not be considered for gifts.
I understand these gifts are to benefit my children/dependents age 12 years and younger.
I understand that I may not apply for grandchildren, nieces, nephews or other relations UNLESS I am the legally appointed guardian.
I understand the VIA committee will only supplement my child's Christmas and is not intended to be the total Christmas for my child.
I must have my Director/ Managers signature.
I understand that I must be employed by CHI St. Vincent at the time the gifts will be distributed to receive my gifts.

I have read and agree with all the conditions above:

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

Employee Information:

Employee Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Badge Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Hospital / Clinic location: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I affirm that the employee is indeed in need of assistance this Christmas.)

Please explain your need for assistance:

Three horizontal lines for writing the explanation of need for assistance.

**Dependents Information**

**Please specify if sizes are infant, toddler, children's, juniors or adult. Please list the child's top three wishes.**

**Note: Computer equipment, software games, TV/DVDs or entertainment systems and other electronic devices will not be considered for gifts.**

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Coat Size: \_\_\_\_\_ Shoe Size \_\_\_\_\_ Pants/Skirt \_\_\_\_\_ Shirt/Blouse \_\_\_\_\_

Child's Wish List

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Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Coat Size: \_\_\_\_\_ Shoe Size \_\_\_\_\_ Pants/Skirt \_\_\_\_\_ Shirt/Blouse \_\_\_\_\_

Child's Wish List

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Child's Wish List

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