



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 have your Supervisor sign the application.

**Deadline for application to be turned in for CHI St. Vincent Infirmery is Friday, October 22<sup>nd</sup>.  
Please drop off at Administration Desk, Health System Office or send electronically to [kmcnespey@stvincenthealth.com](mailto: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): \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ FT: \_\_\_ PT: \_\_\_

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

\*\*\* Number of immediate family living in household \_\_\_\_\_

**Please note that we must share the food equally among all of our applicants. Thank you for your understanding.**

Supervisor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Please explain your need for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, affirm that the employee listed on this application is in need of assistance this Thanksgiving.  
(Supervisor Name – PLEASE PRINT)

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

**All applications are confidential.**