



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 fellow man. 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 Hot Springs is Tuesday, November 15th at 12:00PM. You may turn it in to HR or send it electronically to tnicholas@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 priority will be given to first time applicants.
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 14 years and younger.
I understand that I may not apply for grandchildren, nieces, nephews or other relations UNLESS I am the legally responsible for the child/children.
I understand that the Angel Tree gifts are a supplement to my child's Christmas.
I must have my Director/ Managers signature.
I understand that I must be employed by CHI St. Vincent and be in good standing at the time the gifts will be distributed.

I have read and agree with all the conditions above:

Signature: _____ Date: _____

Employee Information:

Employee Name: _____ Contact Number: _____
MUST HAVE GOOD WORKING NUMBER, WILL CALL FOR PICKUP APPOINTMENT TIME.

Badge Number: _____ Job Title: _____

Department: _____ Hospital / Clinic location: _____

Hire Date: _____ Supervisor's Name: _____ Working 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

Age: _____ Gender: _____ Favorite Color: _____

Coat Size: _____ Shoe Size _____ Pants/Skirt _____ Shirt/Blouse _____

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Age: _____ Gender: _____ Favorite Color: _____

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