



**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 is Friday, November 1
Please drop off in Administration at the Infirmary & North. Drop off in HR in Morrilton & Hot Springs.**

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

- I have been employed by CHI St. Vincent, Conifer and 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: _____

MUST HAVE GOOD WORKING NUMBER, YOU WILL BE CONTACTED IF APPROVED.

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.