

# DEPOE BAY FIRE DISTRICT

## HOLIDAY BASKET APPLICATION



\*PLEASE NOTE, IF APPLICATION IS FOR A MULTI-FAMILY HOME EACH FAMILY MUST COMPLETE AN APPLICATION

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
No of Children		No of Adults		Total in Home:			
Children's School:							
Does more than 1 family live in this home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you applied for any Holiday Assistance Program or Holiday Basket Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If Yes, have they completed an Application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?				
<p>Please Provide First Name, Age, Gender and Clothing Size for Each Child who Resides in your home. Please list <b>1</b> request per child of an item valued under <b>\$25</b>. Gift requests are not a guarantee of delivery. Each gift is subject to available items. <i>Please use the area labeled notes to alert our volunteers to any special needs for each child (example: Disability, Food Allergies, etc)</i>  <i>*if you need additional sections please attach a piece of paper</i></p>							
CHILDREN							
<b>Name</b>		<b>Age:</b>					
Clothing Size		Request:					
Gender		Notes:					
<b>Name</b>		<b>Age:</b>					
Clothing Size		Request:					
Gender		Notes					
<b>Name</b>		<b>Age:</b>					
Clothing Size		Request:					
Gender		Notes:					
<b>Name</b>		<b>Age:</b>					
Clothing Size		Request:					
Gender		Notes:					
<b>Name</b>		<b>Age:</b>					
Gender		Notes:					

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application does not guarantee assistance and I will not be notified of my application status.

I have read the eligibility requirements and I certify that I currently reside in the geographic boundaries and I will not be moving prior to delivery. I understand that delivery will be made to the address I have listed on this application

I understand that an adult over the age of 18 must be present on **Saturday December 17, 2016 between 10am and 3pm for delivery**. If I am unable to be at the residence listed above I must notate alternate arrangements on this form or I forfeit my right to assistance.

**Signature**

**Date**

## ADDITIONAL NOTES FOR VOLUNTEERS:

### PROGRAM INFORMATION:

Applicants **MUST** reside within the Depoe Bay Fire District including Siletz Keys, Gleneden Beach, Lincoln Beach, Depoe Bay and Otter Rock.

Application address is the primary residence for a child or children under the age of 18 years

Applications reviewed based on need and availability of resources, applications do not guarantee a basket

Applications must be submitted no later than **December 5, 2016 5pm** and must be turned into one of the following locations:

- Gleneden Beach Station
- Depoe Bay Station
- Neighbors for Kids/Kid Zone Depoe Bay

**APPLICATION RECEIVED DATE:**

**APPLICATION RECEIVED BY:**

**APPLICATION STATUS:**