

HOLIDAY WISH PROGRAM 2018

Dear Applicant Family:

The holidays bring excitement for many children. For those with an economic need, we want to help your children have a happier holiday. Holiday Wish has limited funds, and the community need is great. Therefore we have made some changes to the program. Please read carefully and complete the directions before submitting your application.

- 1. Volunteer hours needed – 20 hours at your child’s school, church or a non- profit listed below. Any adult in the home can complete the hours.**
- 2. As of 2016 (last year), families will be limited to 5 years of program participation. Applications will be verified for previous participation.**
- 3. Income verification will be completed.**
- 4. Applications can only be made to one program. Multiple applications to other programs may result in no gifts for your children.**
- 5. Complete all the boxes for your children and be sure to note whether your child wears a child, teen or adult size. Otherwise we will guess at what sizes they wear and the gifts they want.**
- 6. Please print all information clearly on the application.**
- 7. An adult will be required to sign for receipt of the packages at time of delivery.**
- 8. All Applications need to be completed and returned in person to Monica O’Brien in the Banning Unified School District’s Superintendent’s Office, 161 W Williams Street, Banning, CA by 4PM 10/31/2018. Please bring your verification documents with you. *This program is available to Banning Unified School District families only.***

Places of possible Volunteer options:

<i>Organization</i>	<i>Contact</i>	<i>Phone</i>
• Your Childs School	Principal	School Office
• Carol’s Kitchen	Alexandra Tompkins	951.400.1683
• Table of Plenty	Darryl Smith	909.372.1811
• Side By Side	Kevin	909.641.3945
• H.E.L.P.	Al	951.922.2305
• Habitat for Humanity	Jeanette Marlar	951.769.7600

Please bring the following verification documentation with application:

1. _____ Identification (adult) Picture I.D.
2. _____ Proof of Residency (Utility Bill, Rent Receipt)
3. _____ Proof of Children’s Ages (Med-Cal card, Birth Cert.)
4. _____ Proof of income (assistance, unemployment or disability check, **income requirements apply**)

Verified by: _____

Name & Date

2018 Banning Holiday Wish

School or Agency _____

<input type="checkbox"/> <u>NOT USE</u> Date Completed _____ Wrapped _____ # of bags _____ Delivered _____	Children's Name	Girl or	Age	Sizes - Include if child, teen or Adult		Wish Item
	Thru 12th grade	Boy		Shirt/Pants	Coat/Shoes	Value to \$50
Parent - Please Print Name _____ Address _____ _____ City _____ Cell Phone _____ Day Phone _____						
Volunteer Location _____ _____						
Confirmed By: _____ _____						
Phone _____						

Parents:

1. Do you want to wrap gifts yourself? Yes No (Circle One)

2. By signing this form you are agreeing not to apply for another holiday program _____