

2018 Holiday Staff Helping Hands Program Application

If you and your immediate family need assistance to brighten up the holidays this year we encourage you to apply below

(NOTE: **All** questions on this form must be answered and will be kept confidential) ☐ YES, I AM A CURRENT UCI EMPLOYEE

NAME: _____ DEPARTMENT: _____ CONFIDENTIAL PHONE: _____

LOCATION: ☐ Main Campus ☐ Hospital ☐ Both ☐ Other _____ **UCI-EMAIL:** _____

Please describe your family & give a short explanation of why assistance is particularly needed this year:

Note: assistance provided is for you and your immediate family only (spouse + dependent children under age 18): _____

TYPE OF ASSISTANCE NEEDED:

☐ CLOTHING

☐ FOOD

☐ GIFTS

☐ GIFT CARDS

☐ GAS

☐ GROCERY

☐ STORES

☐ PREFERRED STORES: _____

☐ SCHOOL SUPPLIES

☐ OTHER _____

I WOULD ACCEPT **USED** ITEMS IN **EXCELLENT** CONDITION:

☐ YES

☐ NO

Please submit this form no later than **NOVEMBER 2,**

2018 via email, fax, or campus mail to:

Andrea Wiley
Dev & Cell Biology –Zot 2300

wileya@uci.edu

949-824-4706

Fax 949-824-4344

Depending on the number of applications received, we may not be able to match all applicants with a sponsor. Priority will be given to new applicant families and those who have not received assistance within the past three years. You will be notified by email, November 16, 2017 whether your request has been matched. Please check your email in-box that day.

MEMBERS OF IMMEDIATE FAMILY: (Note: names will be replaced with codes prior to matching families with gifts)

CODE	NAME OF YOURSELF, SPOUSE, or DEPENDENT CHILD UNDER AGE 18 :	M / F	AGE	Relationship to the applicant	SHIRT SIZE	PANT/SKIRT SIZE	SHOE SIZE	PREFERENCES (BRIEF NOTES)
_01								
_02								
_03								
_04								
_05								
_06								
_07								

FAMILY WISH LIST – Please let us know if there are any specific wishes or needs this year*:



*Not all items identified on the wish list will be fulfilled.