

2017 KMCS Christmas Adopt a Family

**EMPLOYEE APPLICATION**

The holidays are just around the corner, and as we come to a close on our Annual Thanksgiving Food Drive, we are also **preparing for the 2017 Christmas Adopt a Family program.** This program is used for providing assistance for eligible full time or part time KMCS employees for Christmas. All applications for assistance are reviewed confidentially and approved based upon the applicant meeting the participation criteria. **Please note:** Acceptance into our Adopt-A-Family program is not guaranteed and *is contingent upon available resources*. This program is not intended to provide you and/or your family with an entire Christmas.

**Participation Criteria for Christmas Assistance:**

* **Complete application and return to the KMC Human Resources office by end of day Friday, December 1st.  (Forms that are incomplete or after the deadline may not be considered)**
* **Participant must be a current Full-time or Part-time employee of the Kettering Medical Center System**
* **Dependents of employee requesting assistance must be legal dependents and assistance is provided for these dependents that are age 17 and under.**

TO APPLY FOR PARTICIPATION PLEASE COMPLETE ALL FIELDS BELOW TO BE CONSIDERED:

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in Family: \_\_\_\_\_\_\_\_\_\_

Continued

\*Have you participated in the Christmas Adopt-a-Family in previous years? **YES or NO │Dates, If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Previous year/s participation will be considered but does not automatically disqualify you from participation in this program.**

**By signing you acknowledge that you have read and understand the updated terms and conditions for participation in this program. You also understand and agree to adhere to KHN’s Standards of Behavior and therefore acknowledge that the information that you have provided above is accurate and truthful.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date Signed**

**Once all applications have been received and reviewed, applicants will be notified of the determination via email and by a confirmation letter to your home.**

**PLEASE NOTE: Employee pick-up date for gifts is on Thursday, December 21st, from 8 am to 1:00 pm at the Kettering Seventh Day Adventist Church. Please bring your approval letter that includes your assigned Family number.**

**Any questions please feel free to contact KMC HR at 937-395-8833 or email** **Noreen.Whitmill@ketteringhealth.org**

**RETURN THIS FORM TO HUMAN RESOURSES AT KMC CAMPUS HR DEPARTMENT BY END OF DAY**

**FRIDAY December 1st, 2017**

For HR Use Only:

Date Request was received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: **YES OR NO** Date Letter Mailed to Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If request was denied, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_