

It is time for our Annual Christmas Family Adoptions!



This Feed the Need benefit is feeding the need of goodwill by spreading holiday cheer! What are the requirements? We believe in a hand up, not a handout. We are looking for families in the Botetourt and Rockbridge counties, and surrounding areas. Families that truly work hard and do their best, but could still use a little good will this holiday season. Attendance of a holiday party for the selected families, where the gifts will be distributed, is required. That is it!

Is your family in need or do you know of another family that truly is? If so, print, complete, and submit the below registration form. Deadline for request to be submitted: 5th December 2020. Return via email to: feedtheneed.benefits@gmail.com

Parent/Guardian - First Name*: _____ Last Name*: _____
Address* : _____
Address* Unit/Apartment #: _____
City*: _____ Zip Code*: _____
Phone Number*: _____ Email: _____
Relationship*: _____

Household Information: Total number of PEOPLE living in the home: _____

Names of ALL adults in the household:

Is the parent/legal guardian presently working*: Yes or No - If no, please provide a reason:

If yes, name of employer: _____

Special Circumstances* (ex. Job loss, hours cut, etc... due to?)

Child(ren) Information – ages 0 to 18 (attend school)

*** Must complete information for each child you are applying for.**

Total number of CHILDREN living in the home:

Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____
Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____
Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____
Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____
Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____
Age: _____ Gender: Male or Female - Likes (example: reading, drawing, sports, crafts, Legos, cars, etc...) _____

Special need(s) of any of the above family members:

Additional Information

Has the child(ren) been nominated or applied for any other program? Yes OR No

If yes, name the other program(s): _____

Primary reason this child(ren) is being referred*. Please indicate and explain needs:

Submitted by*: _____ Phone*: _____

Email*: _____

Relationship with family/child(ern)*: _____

Photo/Media Consent

By signing below you consent to the name, portrait, photograph, videotape, or other likeness of all minors in the above section, taken at the Christmas Party for the children to be used for the purpose of promoting this program.

Photo Release Signature* (if other than parent/guardian submitting, it will be required later:

Emergency Contact Info. – for Holiday Party (additional information will be provided)

Emergency Contact Name*: _____

Emergency Contact Phone*: _____

Allergies/Medical Concerns*: _____

Which child: _____

Primary Physician Name*: _____

Primary Physician Phone*: _____

Feed the Need benefits are made possible by these small businesses and their owners:

The Witt Stop, The Front Desk Belle Concierge Services, Anchorage House, Love Muffin's Cupcakes, Fenced In, LLC, Gifticket, Inc., and C&S Witt Creations

Release of Liability

I agree for myself and (if applicable) for the members of my family that, in exchange for participation in the following program and event..

To the Following:

I understand that my and my family members hereby expressly and specifically assume the risk of injury or harm in these activities and release Feed the Need, the companies, sponsors, employees and owners/agents from any and all liability for injury, illness, loss, death or property damage resulting from the activities of me or my families participation in this Feed the Need program and event.

I agree to indemnify and hold harmless the affiliates, and its respective companies, owners/agents and employees from an and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of my or my family's use, participation or presence upon the facilities used or participation with this Feed the Need program and event.

Any equitable or legal claim or claims that may arise from the participation in the above shall be resolved under the laws of the State of Virginia.

Release of Liability Signature* - If person submitting is other than parent/guardian's, parent/guardian's signature will be required prior to participation.

Signature: _____ Date: _____