



Holiday Needs Survey

Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Website: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mission Statement: _____

1. Does your agency have a holiday "Adopt-a-family" program? yes no

Which holidays? _____

Method of Delivery? face-to-face agency delivery meet at agency

Is "adopt-a-family" program for: Single clients Families

Is it open to the public? yes no

2. Do you provide holiday meals? yes no

Are they open to the public? yes no

3. Donations Needed (please be specific and indicate age where necessary)

Food or food baskets _____

Clothing _____

Toys, Games, & Books _____

Bedding _____

Personal Care Items _____

All Other Needs _____

4. Do you need holiday volunteers? yes no

If yes, please specify volunteer duties (i.e. serve holiday meals, plan & implement a holiday party, assist with holiday party or other special holiday event, etc.) _____

If volunteer contact is different from adopt-a-family & donations, please provide contact information:

Contact Name: _____

Phone Number: _____

Email: _____

Dates and times volunteers needed? _____

Please return form to:

UWGKC Volunteer Center
Shelly Bolling-Strickland
1080 Washington Street
Kansas City, MO 64105

Phone: (816) 559-4667 • Fax: (816) 559-4567

ShellyStrickland@uwgkc.org