



Elf Interest Form

Being an Elf for a Pay it Forward with Jackie (PFWJ) stocking drive requires a commitment. Many elves are assigned to facilities that require anywhere from 30- 150 stockings. Therefore, it is a large undertaking for one to do alone. We do have very strict guidelines that must be adhered to due to the safety and privacy of the families that we serve. Please note that there is NO patient/child contact when delivering our stockings. If you like to be an Elf, please complete the following and return to info@payitforwardwithjackie.org If you were in Elf in one of PFWJ's prior stocking drives then fill out and return to Cyndi@payitforwardwithjackie.org Please note that prior Elves will be given first priority. All facilities are assigned based on first come, first serve and greatest need.

Name _____

Address _____

City/State _____

Email Address _____

Telephone Number _____

Have you ever participated in a PFWJ stocking drive? (please circle) YES or NO If so, in what capacity? _____

Do you agree to adhere to the stocking content list? (please circle) YES or NO

Do you smoke (please circle) YES or NO

Do you have a dog/cats? What kind? _____

If you have a cat/dog do you have a pet free area you can prepare and store the stockings? _____

Would you be willing to assist another local Elf deliver stockings? _____

Name of organization, (if applicable) you will be working with including troop number if Scouts _____

Would you be willing to manage a drop box, in your area? (This would include dropping off a decorated cardboard box with the flyer adhered to it, and checking the box for stockings 3-4 times a week. At the end of the drive you would also be responsible for picking up the drop box.) (please circle) YES or NO

What day/time do you prefer for hospital/shelter deliveries? _____

2nd choice of day/time _____

Do we have your consent to provide your name, telephone number and email address to your assigned facility? (please circle) YES or NO

Preferred Facility _____

By signing the below, I am requesting consideration to be an elf for the PFWJ Holiday Stocking Drive. I understand that there will be no patient/child contact and that any information that I obtain regarding a child or family is confidential. I understand that all Elves are put on a waiting list and are selected at the discretion of PFWJ. I further understand that all stockings must adhere to the stocking content list and any modifications to the content list must be approved by PFWJ. Lastly, any advertisement of the stocking drive must be approved by PFWJ.

Signature: _____ Date _____

Signature of Parent/Legal Guardian: _____ Date: _____