



## 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) 474-5108

[ShellyStrickland@uwgkc.org](mailto:ShellyStrickland@uwgkc.org)