



2020 HOLIDAY HELP APPLICATION

WHO CAN APPLY FOR HOLIDAY HELP?

Colton Residents with low income, and have children under 18 living in their home.

HOW DO I APPLY FOR HOLIDAY HELP?

Step 1: Pick-up a Form

Step 2: Make an Appointment before 12:00 p.m. on December 3, 2020

- To make an appointment, call 909-370-5548 or email calcantar@coltonca.gov
- Appointments are first-come first served and are limited to the number of gift cards available. **Forms will be accepted by Appointment ONLY.** Appointments can be made during the dates and times below:

| Date | Time | Location | NOTE: Resident should not think they are approved until staff have verified their paperwork due to this the appointment may take some time, please plan accordingly. ➤ Please do not bring children if possible. ➤ Facemask required. |
|-------------------|-----------------------|---|--|
| 12/14 (Monday) | 9:00 a.m. - 2:00 p.m. | Luque Community Center 292 East O Street | |
| 12/15 (Tuesday) | 9:00 a.m. - 2:00 p.m. | | |
| 12/16 (Wednesday) | 9:00 a.m. - 2:00 p.m. | | |
| 12/17 (Thursday) | 4:00 – 8:00 p.m. | | |

Step 3: Come Prepared with Paperwork- Residents will need...

- Proof of Residency (current utility bill, Rent/Mortgage statement)
- Photo identification (Driver's License, State ID card, Green card)
- Proof of children in home (medical card, birth certificate, school ID card)
- Proof of Eligibility (Free or Reduced Lunch letter from CJUSD or proof for two months' worth of income)

| | | | | |
|--|--------------------|------------------|----------------------|------------------|
| FIRST AND LAST NAME: | | | | |
| Address: | | | Apt. #: | |
| City: | | State: | | Zip Code: |
| Home Telephone: | | | Alternate Telephone: | |
| Email: | | | | |
| How many TOTAL family members are in your home? | | | | |
| How many children under 18 years old are in your home? | | | | |
| The information below will be used <u>IF</u> we receive donations of items. Please note that by filling out this information there is no promise of receiving any of the items. | | | | |
| First Name & Age of Child (under 18) | Boy or Girl | Shoe Size | Shirt Size | Pant Size |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| What is your monthly GROSS family income from all sources? (including support payments): \$ | | | | |
| Do your children participate in the reduced or free school lunch program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If YES, please attach a copy of your FREE LUNCH Letter from CJUSD | | | | |

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

I am aware that by participating in the aforementioned Activity, I may be exposed to risks of damage to personal property and injury. I understand and agree that I will comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure to observe all rules may result in expulsion from the Activity and/or Facility

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration of being allowed to participate in the Activity, I hereby assume the risk of, and responsibility for, any such injury, death, or damage arising out of or in any way connected with participation, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns.

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which my image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein. I understand and agree that I will receive no monetary or other compensation for appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself. I agree that I will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and I knowingly and voluntarily give up these rights of my own free will on behalf of myself by signing this Agreement.

| PRINT NAME | | SIGNATURE | | DATE | |
|----------------------------|--------------|----------------------------|--------------|------------------------|--------------|
| OFFICE USE ONLY | | | | | |
| ID Verified: | ___Yes ___No | Children Verified: | ___Yes ___No | Lunch Letter Verified: | ___Yes ___No |
| Address Verified: | ___Yes ___No | Income Verified: | ___Yes ___No | Application # | |
| Verified By Date/Staff: | | Please NOTE reason if 'No' | | | |
| Gift Card Distributed: | | Date/Staff: | | | |