



XOKIAHI CARES, INC

Project Service Request Form
 221 Farenholt Ave Suite 202 Tamuning, GU 96913
 P.O. Box 9596 Tamuning, GU 96931
 O: 671-989-9240 F: 671-989-9241
projects@xokiahicares.org
www.xokiahicares.org

Please complete the donation request form for assistance from one of our projects. A request form must be completed for each request.

Requester Information

Name:
Organization:
Mailing Address:
Business Address:
Contact Phone:
Email Address:
Best Time to Contact Requester:
Date Request Needed by:
Individuals in Need: Client _____ Family _____ Student _____ Self _____
Number of Family Members/Clients/ Students/Requestees: _____
Ages of Children in Family: _____
Servicing Organization Social Worker: _____
First Time Service Request? Yes _____ No _____ Request Service Number: _____

Project Service Requested

Which project are you requesting assistance from?

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Xokiahi Cares, Inc
<input type="checkbox"/> Angels' Heart Bags
<input type="checkbox"/> Carers' Kitchen
<input type="checkbox"/> Student Volunteer Projects
<input type="checkbox"/> Carers' Closet | <input type="checkbox"/> Angels' Giving Soles
<input type="checkbox"/> Book Bags of Blessings
<input type="checkbox"/> For The Love of My Sister
<input type="checkbox"/> Other (please state clearly below – we do not give monetary donations) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Service Requested

Tell us which service you are requesting and why (additional sheet available). Please provide items you are in need of. Be specific (Boys Clothes 3-6 months as opposed to Boys infant clothes, Personal Care items as opposed to anything available).

Remarks

Tell us any addition information that you believe is important for us to know regarding the donation/ service you are requesting.

Releases, Agreements, and Signature

Hold Harmless Agreement

I agree that Xokiahi Cares Inc., its officers, or its associates shall not be responsible for any liability such as injuries, damage, stolen property or losses sustained by me while participating in Xokiahi Cares Inc.'s events on our premises or any agency sponsored activities on any other premises. I further agree to indemnify and save harmless Xokiahi Cares Inc. from any claims or demands arising out of such injuries or losses.

Photos and Videos Agreement

I agree that Xokiahi Cares Inc. shall be able to take pictures and video of my involvement in their donation activities, events, and community outreaches. I further agree that I understand, I will not be paid for any pictures or videos that I am featured in and these items are the property of Xokiahi Cares, Inc and Xokiahi Cares, Inc may use them in future posters, pamphlets, videos, websites, and any other media for public viewing or publishings.

Donation Return Stipulations /Agreement

I understand that if the purpose intended for the requested services/donations no longer exists, I am to return the requested donation to Xokiahi Cares, Inc and complete a new request to reflect the current situation/purpose. **Example: Donation request is for shoes, shoes are no longer needed. Return shoes.**

I agree to the above terms and conditions: _____ Yes _____ No

By submitting this request, I affirm that the facts set forth in it are true and complete. I understand that if my request is accepted for any donations, services, or a combination of the two; any false statements, omissions, or other misrepresentations made by me on this application may result in immediate forfeiture of said donations, services, or combination of the two. In addition, I will be required to immediately return all completed donations received or their equivalent and will no longer be able to request donations/services from Xokiahi Cares Inc. Thank you for completing this request form and for your interest in our services at Xokiahi Cares Inc. Please submit completed forms to: projects@xokiahicare.org and use the subject line: Donation Request.

Please allow 1-2 business days for responses.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Xokiahi Cares, Inc. and our projects to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

FOR OFFICE USE ONLY:

Date Received Request: _____	Date Reviewed: _____
Request #: _____	Request : APPROVED / NOT APPROVED
Project Requested : _____	Reason NOT APPROVED: _____
Services Requested: _____	_____
_____	POC Contacted: YES / NO
_____	Date Contacted: _____ - _____ - _____ (MM-DD-YYYY)
Accepted By: _____	Donations/Services Rendered: Attach sheet
	Date Complete: _____ - _____ - _____ (MM-DD-YYYY)

