



Lane County Toys for Tots Family Toy Request Application Form

*Serving local distributions in
Springfield, Eugene,
Oakridge & Florence*

1. Toys for Tots' goal is to provide one toy to each child between ages 0-13 years.
2. Orders are filled with the toys we have on board when the order is requested.
3. Organizations must coordinate date and time of toy pickup.
4. For further information, contact your local Toys for Tots Office.

Family Contact First Name

Family Contact Last Name

Phone

Contact Email

Confirm Email

Organization or School Contact Name (to be completed by the Org/School)

Physical Address Of Toy Recipient Family Contact (REQUIRED**)**

School Child/Children Attend (For Delivery Purposes)



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IMPORTANT FAMILY/ORGANIZATION INFORMATION

I/Our organization agree/agrees to the following terms:

1. Toys donated by Toys for Tots will not be auctioned, sold, or otherwise turned over for monetary donations.
2. Toys donated by Toys for Tots will not be taken out of state for distribution.

I/Our organization understand/understands any violation of the above agreement will result in disqualification from future donations.

I/Our organization understand/understands that providing the personal information requested in this application for myself/our organization and the listed child/children is for the purpose of identifying need and ensuring our local Toys for Tots organization meets the stewardship requirements of the national organization. Any identifying information collected in this application is for use during this distribution season only and will not kept, stored, or used by anyone other than the Toys for Tots Lane County operation. Following the close of the distribution season, any identifying information obtained through the application process **is deleted**.

We are seeking your help to make this program as successful as possible and fair to all children. Please do not inflate the number of children on your toy request form.

We do our very best to make sure each child receives two toys, one large and one small. Regardless of whether a request is made by the qualified family or by an organization on behalf of a family, only **one** toy request for each qualified child is authorized per national foundation rules.

By submitting a request for toys, you/your organization acknowledges that identifying information will be collected, maintained, and utilized to confirm recipient identify for the duration of the distribution season which runs from 01 October through 31 December of each calendar year.

Signature

Date



Lane County Toys for Tots Family Toy Request Application Form

Child #1 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)

Child #2 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)



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Child #3 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)

Child #4 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)



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Child #5 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)

Child #6 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)



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Child #7 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)

Child #8 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)



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Child #9 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)

Child #10 First Name, Last Name

Male/Female (check one)

Date of Birth & Age

Wish List:

1. _____
2. _____
3. _____

Additional Comments and Instructions (special/additional needs, light sensitivity or photosensitivity, allergies etc.)



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COVID - 19 STATEMENT: The United States Marine Corps and the Marine Toys for Tots Foundation are honored to assist your family and/or your organization help bring the joy of Christmas and send a message of hope to America's less fortunate children.

Due to the ongoing pandemic caused by the coronavirus 2(SARS - CoV - 2) or "COVID - 19" virus, the local Marine Corps Reserve Toys for Tots Campaign you are applying to is taking many precautions to ensure the health, safety, and welfare of you and your family and/or organization, as well as our Marines and volunteers throughout the toy/book collection and distribution process.

Through this application and prior to participating in any Marine Toys for Tots activity, to include the distribution of toys and books, we ask you to acknowledge that you and your family's and/or organization's participation in the Marine Corps Reserve Toys for Tots Program involves certain risks, some of which we and you may not fully appreciate, and that injury, death, property damage, or other harm could occur to yourself or others("RISKS"). These risks include potential exposure to you or your family and/or organization to communicable disease(s) including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2(SARS - CoV - 2)", "COVID - 19" and/or any mutation or variation thereof. By participating in this program, you acknowledge that you or your family and/or your organization accepts and voluntarily incurs all risks of any injury, damage, loss or harm to yourself and your family and/or organization that arises during or results from your participation in the Marine Corps Reserve Toys for Tots Program, regardless of whether or not caused in whole or in part by the negligence, action, omission and/or other fault of the United States Marine Corps and/or the Marine Toys for Tots Foundation, its Board of Directors, Officers, employees, agents, insurers, or volunteers.

Signature

Date



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*****COMMON IDENTIFIERS OF ELIGIBILITY*****

Include qualifying or receiving for (check all that apply):

- Food Stamps/EBT/Snap Benefits
 - Free/Reduced School Lunch
 - WIC
 - Church Relief or Aid
 - Other (please specify)
-

Agency Receiving Toys: _____

Agency Representative Name: _____

Agency Representative Signature: _____

Agency Representative Phone Number: _____



Lane County Toys for Tots Family Toy Request Application Form

Information required to receive toys is the following
(NO PHOTOCOPIES):

- *Proof of residency in Lane County**
- *Proof of Guardianship by the Parent/Adult**
- *Proof of child's age**

Acceptable Documents:

For Parents: Local Photo ID **OR** Photo ID with local mail (proving residency in Lane County)

For Children: any number of documents that together provide the minimum requirements

- *Birth Certificate
- *Recent school report cards
- *IRS Tax Forms
- *Medical documents showing both the parent's and child's names
 - *DHS paperwork if it includes a child's age
 - *Renter's Agreement
- *Any other legal document that includes both the parents and child's name(s) and date of birth(s)