



# CHILD ADVOCATES II

## Annual Holiday Drive - 2011



*Non-Profit Board for the Guardian ad Litem Program*

<p><b>SPONSOR NAME:</b></p> <p><b>Physical address:</b></p> <p><b>Phone No.:</b></p> <p><b>Contact Person:</b></p>	<p><b>Questions or Concerns</b></p> <p><b>Please contact: Stacey Burns</b></p> <p><b>(850) 559-7916 or</b></p> <p><b><a href="mailto:Childadvocates2@gmail.com">Childadvocates2@gmail.com</a></b></p>
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<p><b>G.A.L. Volunteer Name:</b></p> <p><b>Phone No.:</b></p>	<p><b>Volunteer Supervisor Name:</b></p> <p><b>Phone No.:</b>                      <b>Cell No:</b></p> <p><b>County:</b>                        <b>Case No.</b></p>
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<p><b>1. Child's First Name <u>ONLY</u>:</b></p> <p>_____</p> <p><b>Please Circle:</b> Female or Male</p> <p>Age: _____ Race: _____</p> <p>Special Needs of Child: _____</p> <p>_____</p>	<p><b>Clothing Size:</b>    Pants: _____    Shirts: _____</p> <p>Jacket/Coat _____    Underwear: _____</p> <p>Diaper size: _____    Shoes/Socks size: _____</p> <p><b>Special Request/Toys:</b></p> <p>1. _____                      2. _____</p> <p>3. _____                      4. _____</p>
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<p><b>2. Child's First Name <u>ONLY</u>:</b></p> <p>_____</p> <p><b>Please Circle:</b> Female or Male</p> <p>Age: _____ Race: _____</p> <p>Special Needs of Child: _____</p> <p>_____</p>	<p><b>Clothing Size:</b>    Pants: _____    Shirts: _____</p> <p>Jacket/Coat _____    Underwear: _____</p> <p>Diaper size: _____    Shoes/Socks size: _____</p> <p><b>Special Request/Toys:</b></p> <p>1. _____                      2. _____</p> <p>3. _____                      4. _____</p>
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<p><b>3. Child's First Name <u>ONLY</u>:</b></p> <p>_____</p> <p><b>Please Circle:</b> Female or Male</p> <p>Age: _____ Race: _____</p> <p>Special Needs of Child: _____</p> <p>_____</p>	<p><b>Clothing Size:</b>    Pants: _____    Shirts: _____</p> <p>Jacket/Coat _____    Underwear: _____</p> <p>Diaper size: _____    Shoes/Socks size: _____</p> <p><b>Special Request/Toys:</b></p> <p>1. _____                      2. _____</p> <p>3. _____                      4. _____</p>
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**Other Basic Family Needs:**

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**Must be Completed by Volunteer or Staff ONLY**  
*(Please circle)*

<p>1. Child(ren) need to be sponsored:    Yes    or    No</p> <p>2. Child(ren) placed out of Circuit:        Yes    or    No</p>	<p>3. Volunteer Sponsoring Child(ren)        Yes    or    No</p> <p>4. Volunteer will deliver gifts to child(ren): Yes    or    No</p>
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