



angel TREE MISSION

The *Angel Tree Mission* is an annual program of *Jamie's Hope*. *Jamie's Hope* supports personalized medicine research at *The University of Texas M.D. Anderson Cancer Center* while helping those directly affected by cancer and raising awareness on cancer prevention and early detection.

Since 2012, *Jamie's Hope* has been brightening the holidays for families who are financially, emotionally or physically devastated due to battling cancer. *Jamie's Hope* is hoping to bring a glimmer of light during the holiday season by providing Christmas presents for struggling families who have an immediate family member that is currently fighting cancer. Please review the following information and complete this application in order for us to consider your family as a participant.

How it Works & What to expect:

1. Submit completed application and photos to cindy@jamieshope.org
2. Jamie's Hope will review applications to determine which families will be accepted in the 2018 program.
3. Chosen families will be contacted in November. When contacted you will be given a wish list to fill out and return to JH which will need to be returned as quickly as possible for us to prepare donations and budgets.
4. JH holds an annual Angel Tree Mission fundraiser in November which you are invited to join. JH will share your story and photos with donors to help with fundraising.
5. Accepted families attend a present delivery event in December which will be held in the Houston area. Food will be provided and is generally held on a weekday evening or weekend afternoon. Also if desired a Santa sac can be given with a portion of the gifts for the family to enjoy on their own time at home.
6. That's it in a nutshell!

Please contact us at info@jamieshope.org for any questions you may have.



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All portions of this application must be completed in full. Please contact info@jamiesshope.org if you have any questions. Return this application by November 1, 2018 in order to be considered as a beneficiary of Jamie's Hope Angel Tree Mission Program. **YOU MUST submit recent photos of the cancer patient and photos identifying the family members to be included with this application.** Remember we don't know your story or family so please help us out by providing as much detail as possible.

Please note this is an application and does not automatically qualify your acceptance to the Jamie's Hope Angel Tree Mission Program.

Applicant Information:

Name: _____ Relation to Patient: _____
Phone: _____ Email: _____
How did you hear about our program: _____

Cancer Patient Information: Male Female

Name: _____ Age: _____ Birthday: _____
Cancer Type: _____ Where patient is being treated: _____
Social Worker Name: _____ Social Worker Phone: _____

Patient/Guardian Information:

Name: _____ Relation to Patient: _____
Address: _____
City: _____ Zip Code: _____
 Check if phone & email same as applicant information:
Phone: _____ Email: _____

MEDICAL WAIVER AND PHOTO RELEASE OF LIABILITY

In consideration of being allowed to participate in Jamie's Hope Programs, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

I do hereby give Jamie's Hope, its assigns, licensees, and legal representatives the irrevocable right to use my, my spouse's (if applicable) & my child(ren)'s name, any medical information I provide, picture, portrait, image, video or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 AT TIME OF REGISTRATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of Jamie's Hope, and, for myself, my heirs, assigns, and next of kin.

Applicant Signature: _____ Date: _____

Printed Name: _____ Relation to Patient: _____

You must list patient and all family members in the household in order for them to be included:

Family Member Printed Name	Age	Relation to Patient