



Benevolence Fund Request Form

Church Office: 856.302.1804 FAX: 856.352-2646

All information provided on this form will be handled respectfully and confidentially by the Calvary Chapel staff and the Benevolence Team.

Please allow 2-3 weeks for the team to pray, consider, and respond to your request.

If you have any questions regarding your request, please contact us via email: info@cc-gc.org

Date of Request: _____ Date Request is Needed: _____

Name: _____

Address: _____

How long have you lived at this address? _____

Phone Number: _____ (home, work, cell)

E-mail address: _____

How many in your household? _____ What ages? _____

Are you currently employed? Yes No

Occupation: _____

Do you attend worship services at Calvary Chapel? Yes No

If yes, for how long? _____

Do you attend Calvary Chapel Bible study? Yes No

If yes, for how long? _____

Are you currently involved in any other ministry area of Calvary Chapel? Yes No

If yes, for how long? _____

What is your present need of assistance? _____

What amount are you requesting from Calvary Chapel? \$ _____

Check made payable to: _____ (* see Policy)

Address: _____

*** Policy:** In general, payments will not be made to the individual needing assistance but will be directed, as appropriate, to the landlord, utility company or other party to whom money is owed, so long as sufficient supporting invoices or other documentation is provided.

Why did you come to Calvary Chapel for assistance? _____

What steps have you already taken to meet this need? _____

What other organizations have you contacted for assistance? _____

Have you previously received assistance from Calvary Chapel? _____

If so, when? _____ Amount? _____

What need was covered by this assistance? _____

What is your plan to overcome your current financial situation in order to become self-sufficient? How long do you anticipate it will take to become financially independent? What steps are you currently taking?

Pastoral Staff / Benevolence Committee Use Only:

Interviewer: _____ Date: _____

Observations: _____

Recommendations: _____

Benevolence Committee Use Only:

Request Approved: _____ Amount Approved: _____ Date: _____

Request Denied: _____ Reason for Denial: _____

Date: _____