

BENEVOLENCE QUESTIONNAIRE

NAME _____

DATE _____

ADDRESS _____

TELEPHONE # _____

CELL # _____

STATE YOUR NEED: _____

1. Are you married? _____ If no, have you ever been married? _____

Name of Spouse: _____ Do you live alone? _____

If No, List who you live with: _____

2. Where do you work? _____

If you do not work, why not? _____

3. Do you have any children who live with you? _____ If yes, what are their ages? _____

4. Do you go to church? _____ If yes, Where do you go to church? _____

If no, would you be interested in a Bible Study? _____

5. Do you own a vehicle? _____ Do you make payments? _____

6. Do you smoke? _____ Do you drink? _____ Do you use drugs? _____

7. Are you or anyone living with you receiving help from any other source? _____

If yes, who or what agency? _____

For example: Social Security \$ _____ SSI \$ _____ WIC \$ _____

Food Stamps \$ _____

8. Do you have any relatives going to this congregation? _____

If yes, who? _____

Signed: _____

All questions must be answered before any assistance will be considered.

Please bring this completed form with you to the next Wednesday evening Bible Study at 7pm and your request will be reviewed by the Benevolence Committee after services.