



Benevolence Assistance Form

Date Requested: _____

Name: _____

Spouse's Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

(Circle One) Rent Own Other _____

Phone: _____ Personal Reference: _____ Phone: _____

Current Employer: _____ Phone: _____ Years: _____

Past Employer: _____ Last Date: _____ Years: _____

Referral: (who suggested you contact us?) _____ Phone: _____

How often do you attend church? (Circle One) Regular seldom or less

Have you attended Riverside CC in the past? Yes No If so, how often? (Circle One) Regular seldom or less

Assistance Requested: (gas money, utilities, food, etc.) _____ Amount: _____

Additional comments:

What other assistance have you received from this ministry or other local ministries in the last 6 months? List all assistance and the dollar amount where appropriate:

Organization and Contact Person	Type of Assistance	Amount	Date

DO NOT WRITE BELOW THIS LINE. THIS SECTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

Type and amount of assistance given at this time: _____

Comments: _____

Dispersed by: _____

Date: _____

OFFICE NOTE: * A photocopy of a driver's license or some other photo ID is to be attached to this form before ANY assistance is given. Attach copies of receipts when appropriate.