

BENEVOLENCE FORM

Please complete **ALL** of the information below.

For us to be good stewards of God's money, we will carefully consider every request, however, filling out this form does not guarantee that we will be able help you. We do not give cash. Keep in mind that it may take several days to process this application.

Date: _____

Name: _____

Phone: _____

Current Address: _____
Street City State/Zip Code

E-mail Address: _____

Names and ages of those living in your household, **including yourself**:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you currently attending Church? Yes No

Current Church Name: _____ Pastor's Name: _____

Address: _____
Street City State/Zip Code

Phone: _____

How did you hear about the Goochland Christian Churches Association (GCCA)?

Employment Information

Are you employed? Yes No

Name of Employer: _____

Work Phone: _____

Address: _____
Street City State/Zip Code

What is your current schedule? _____

When will you get paid? _____

How much will your paycheck be? _____

How much do you receive per month? _____

Do you receive SSI, Disability or any other income? Yes No

If yes, How much do you receive per month? _____

If you are not employed, when were you last employed? _____

Reason you are not employed? _____

Financial Information

Please Attach A Copy of Bill or Notice

How much money do you need immediately? _____

What will this money pay? (Power Bill, Rent, etc.) _____

How much money do you have? _____

How much money can you raise? _____

Have you contacted anyone else regarding this financial need? Yes No

Who have you contacted? _____

How much have they given you? _____

Have you contacted other family members about this need? Please explain: _____

Will you need any groceries? Yes No

Do you receive child support? Yes No If yes, how much? _____ per month.

List your outstanding bills and their respective business names below.
(We don't make checks out to individuals, but only to businesses. We do not give cash.)

Business/Landlord	Phone #	Amount Due

**We need to confirm the information you have given us.
Who can we contact to confirm the information you have provided?**

Name: _____ Phone: _____

Family: _____

Friends: _____

AUTHORIZATION AND RELEASE OF THE GCCA

The Goochland Christian Churches Association (GCCA) needs permission to confirm and discuss the information you have provided.

By signing below, I release the information contained in this application to the GCCA and permit the GCCA to examine this information thoroughly, and contact businesses, churches, entities, and individuals provided within this application or documents included with this application concerning any and all information contained within the application or documents included with this application. I release the information contained in this application to the Goochland Christian Churches Association (GCCA) and permit the GCCA to examine this information thoroughly, and contact Goochland Cares and your local Social Services Department concerning any and all information contained within the application or documents included with this application. I do hereby release, forever discharge, and agree to hold harmless and indemnify the GCCA, and its directors, officers, employees, agents and members from any and all liability, claims or damages regarding the information in this application or any actions taken with regard to this application.

AUTHORIZATION AND RELEASE OF REFERENCES

I authorize any person contacted by the GCCA with regard to this application to give the GCCA any information (including opinions) that they may have regarding my character and personal history. In consideration of the receipt and evaluation of this application by the GCCA, *address*, I hereby release, forever discharge and agree to hold harmless and indemnify any individual, church organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability, claims or damages of whatever kind or nature which may at any time result to me, my heirs or my family, with regard to any information provided or action taken with regard to this application or this authorization. I waive any right that I may have to inspect any information provided about me by any person with regard to this application.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. The information contained in this application is correct and complete to the best of my knowledge.

Signature: _____ Date: _____

This Application Should Be Mailed To: GCCA
PO Box 17
Goochland VA 23063

This Application may also be emailed To: friends@goochlandchurches.org