

**Benevolence Ministry  
Personal Information Form**

**Date:** \_\_\_\_\_

**PLEASE FILL OUT FORM COMPLETELY**

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Beeper: \_\_\_\_\_

**FAMILY INFORMATION: (CIRCLE ONE)**

Single      Married      Separated      Divorced      Widow(er)

Spouse's Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Number of children living with you: \_\_\_\_\_ Ages of children: \_\_\_\_\_

**HOUSING INFORMATION: (CIRCLE ONE)**

Rent      Own      Live With Family      Live With Friends

**EMPLOYMENT INFORMATION:**

Are You Currently Employed: \_\_\_\_\_ If YES, Where: \_\_\_\_\_ How Long? \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Contact Person: \_\_\_\_\_

If NO, How Long Have You Been unemployed: \_\_\_\_\_

Were You Unemployed Before You Acquired Your Present Position? \_\_\_\_\_ If YES, HowLong? \_\_\_\_\_

Is Your Spouse Employed? \_\_\_\_\_ If YES, Where? \_\_\_\_\_ HowLong? \_\_\_\_\_

If NO, How Long Has He/She been unemployed? \_\_\_\_\_

Have you been helped by our Benevolence Ministry **BEFORE?** \_\_\_\_\_ When? \_\_\_\_\_

What is Your Request of the Church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in detail the **circumstances** that prompted you to seek help from the church:

\_\_\_\_\_

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What steps have you taken to resolve your current need before coming to the church? \_\_\_\_\_

Are you willing to work in exchange for assistance: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what skills do you have: (CIRCLE)

Clerical      Construction      Janitorial      Landscaping      Transportation

If NO, explain reason why: \_\_\_\_\_

**SPIRITUAL INFORMATION:**

Do YOU believe in God: Yes, I Do \_\_\_\_\_ No, I Don't \_\_\_\_\_ Uncertain \_\_\_\_\_

Do YOU pray to God: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Do YOU read the Bible: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Is Calvary Chapel YOUR home church: Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_

If NO, what is your home church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_ How many times per month do you attend church: \_\_\_\_\_

Have YOU received Jesus Christ as Savior: Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ If YES, When: \_\_\_\_\_

**HEALTH INFORMATION:**

Rate your health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Please list any significant illnesses, injuries, or handicaps that would prevent you from working: \_\_\_\_\_

**PERSONAL ASSISTANCE:**

Do you receive Government assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes:

Social Security: \$ \_\_\_\_\_ AFDC: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

Unemployment Compensation: \$ \_\_\_\_\_ WIC: \$ \_\_\_\_\_

Workman's Compensation: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

What churches/agencies have you contacted for assistance in the past? \_\_\_\_\_

What type of assistance did you receive? \_\_\_\_\_

Have you been counseled by anyone at Calvary Chapel: \_\_\_\_\_ When? \_\_\_\_\_

Why were you counseled? \_\_\_\_\_

By whom were you counseled? \_\_\_\_\_

**INCOME AND EXPENSES:**

Your TOTAL monthly income (all sources) \$ \_\_\_\_\_

Your TOTAL monthly expenses: \$ \_\_\_\_\_

Tithe \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Auto \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Gas/Oil \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**If you are requesting a bill payment please supply the following information:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

I have truthfully answered all questions on this form (PLEASE SIGN)

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Please write directions to your house from the church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do not write below this line - Office Use Only**

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_

Payee: \_\_\_\_\_

\_\_\_\_\_

Amount:\$ \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**ASSISTANCE DENIED** \_\_\_\_\_

Check # \_\_\_\_\_

**REASON:** \_\_\_\_\_

Payee: \_\_\_\_\_

\_\_\_\_\_

Amount:\$ \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Check# \_\_\_\_\_

Payee: \_\_\_\_\_

Amount:\$ \_\_\_\_\_