



# Benevolence Request Form

## Mount Calvary

BAPTIST CHURCH OF POMPANO BEACH FL

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone# (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

1. Do you have a personal relationship with Jesus Christ?  Yes  No  Not Sure

2. Are you a member of \_\_\_\_\_ Church?  Yes  No

3. Which best describes your attendance at \_\_\_\_\_ Church?

Frequent  Sometimes  Seldom  Never

4. In your opinion which description best describes your financial situation?

Short term emergency  Short term problem  Long term problem

5. The total amount of your request is \_\_\_\_\_

6. What is it for? \_\_\_\_\_

7. Who should we make the check payable to? \_\_\_\_\_

8. Are you willing to receive financial counseling?  Yes  No

9. Are you currently employed?  Yes  No  Full-Time  Part-Time

Name of Employer \_\_\_\_\_

10. If married, is your spouse employed?  Yes  No  Full-Time  Part-Time

Name of Employer \_\_\_\_\_

11. Total number of people in the household: \_\_\_\_\_

12. Total weekly household income: \_\_\_\_\_

13. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ If married, signature of spouse \_\_\_\_\_

**Official Use Only**

Committee Chair/ Pastor \_\_\_\_\_

Approved via Email  Approved at Meeting  Need more information  Denied

More information needed \_\_\_\_\_

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

Give to person completing the form  or Check mailed to address (above)  or

Different address \_\_\_\_\_

Check give to \_\_\_\_\_ for delivery.

The purpose of the Benevolence Fund is to provide financial aid to an individual who is in need on an urgent basis. The Benevolence Fund may not be applicable for cases which need long-term financial support. The church has the right to adjust or to disapprove an applicant's request and may consider providing assistance other than monetary help.

Applicants are not granted financial assistance based on relationships between church leaders or being a significant church contributor. The church does not discriminate between applicants based upon race, color, sex, national origin, age, geographic territory, or disability. The benevolence Deacon Council may provide short-term (or emergency) assistance to ensure that an applicant has the basic necessities such as food, housing, transportation, and medical assistance (including counseling).

The preferred method of providing assistance to pay for the applicant's need directly to the business provider. Assistance may also be provided in the form of goods or services. The type of aid that is appropriate depends on the individual's needs and available resources.

### Basic Requirements

1. Active participant of \_\_\_\_\_ Church
2. Need must be related to a short-term financial crisis (medical emergency, accidents, loss of job, etc.)

### Benevolence Process

1. Complete and submit the Benevolence Request Form.
2. A member of the Benevolence will contact an applicant regarding the request.
3. Submit the form to the Benevolence Committee for approval (note: typically, this will happen during the monthly meeting but can happen via email if it is an emergency).
4. The Benevolence committee along with the Pastor will approve or deny the request, or ask for additional information.
5. If approved, the check will be distributed.
6. A Deacon may follow up with the recipient and give an update at the next Deacon's meeting.

### Additional Criteria

At the discretion of the Benevolence committee, you may be requested (if married, both husband and wife) to done or more of the following:

1. Participation in financial counseling.
2. Take a class on biblical financial management or complete a workbook on biblical stewardship.