



Benevolence Assistance Request Form

PHONE - (336) 374-4419

FAX - (336) 374-4439

EMAIL - salembc@surry.net

WEB - www.salembaptistdobson.org

Please Type or Print Neatly

Name: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Please Read These Guidelines and Sign Below:

Requirements and Purpose of Benevolence Assistance Process

The Salem Baptist Benevolence Fund is used to provide financial aid to individuals or families who are in short-term, non-recurring, financial hardship. By entering this process, you agree to a home visit by one of our GROW Teams. There will also be financial counseling provided if needed.

1. Complete and submit the Benevolence Request Form.
2. The deacon chairman or outreach leader will contact the applicant regarding the request.
3. The deacon chairman or outreach leader will submit the form to the council for approval.
(Note: Meetings are held only twice a month.)
4. The deacon council and staff will approve, deny, or request additional information. The request requires a majority vote from the deacons for approval.
5. If approved the council and staff will determine to whom the check will be made payable. In most cases, the check is made payable to the specific need.
6. The deacon chairman or outreach leader will follow up with the recipient and give an update at the next deacons' meeting.

I have read and understand the Benevolence Process Guidelines for Salem Baptist Church.

Sign: _____

Date: _____

*If help is approved and distributed to your debtor(s), a record of that gift will be made on the Surry Baptist Association's record system that is available to other churches and help agencies.

1) Are you a member of Salem Baptist Church? Yes No

If not, do you have a church home? Yes No Name of Church Home: _____

2) Do you have a personal relationship with Jesus Christ? Yes No Not Sure

3) Which best describes your attendance at Salem Baptist Church?

Frequent Sometimes Seldom Never

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

Short term problem Long term problem

5) Total Amount of Request: \$ _____

6) To Whom/What Company should we make the check payable? _____

7) What will this pay? _____.

What other financial obligations do you have? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Internet Service |
| <input type="checkbox"/> Power Bill | <input type="checkbox"/> Satellite/Cable TV |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> <i>List Any Other Financial Obligations:</i> _____ |
| <input type="checkbox"/> Car Payment | |
| <input type="checkbox"/> Credit Card Debt | _____ |

We would like to pray for you and provide necessary counsel. Briefly explain your need and the circumstances surrounding the situation.

Official Use Only

Approved via Email Approved at Meeting Need more information Denied

Information needed _____.

Check Dated _____ Check # _____

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

Check Paid to: _____