



# Benevolence Questionnaire Form

Share ~ Connect ~ Minister ~ Disciple

Any non-Church member or regular attendee must fill out this form to be eligible to receive benevolent help from the MVCC congregation.

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

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

Physical Address (No P.O. Box): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (M)

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you own a vehicle? Yes No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (M)

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Names of children living at home?

1. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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What is your specific need and amount needed? \_\_\_\_\_

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

What is the core reason for needing help? What are you consistently lacking?

**Resources** - Food? Clothing? Housing? Heating/Cooling? Transportation? Other?

**Opportunity** - Work? Another way to gain finances? Other?

**Instruction** - Education? Vocational Training? Budgeting? Parenting? Other?

**Relationship** - Family? Friends? Good Influence? Church? God?

What is the highest level of education you have completed? \_\_\_\_\_

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How did you hear about our church? \_\_\_\_\_

\_\_\_\_\_

Do you and your family attend any church? Yes No

If yes, where? \_\_\_\_\_

How long have you attended your church? \_\_\_\_\_

Church phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of this church? City: \_\_\_\_\_ State: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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Please list any health problems you and your spouse have: \_\_\_\_\_

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

Health problems of any children in this immediate household: \_\_\_\_\_

\_\_\_\_\_

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**Do you or your spouse use alcohol in any form?** Yes No

**Do you or your spouse use illegal drugs?** Yes No

**Do you or others living with you have pending criminal charges against them?** Yes No

**Name(s) of people with criminal charges:** \_\_\_\_\_

**Please list two references and their phone numbers whom we may contact on your behalf:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

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By filling out this form and signing below I agree to allow Mt. Vernon Christian Church Staff, Elders, or Deacons, to call all references and (if deemed prudent) to call police, sheriff department, or any other resource, to conduct a background check.

Also, by signing I acknowledge that everything on this form is true to the best of my knowledge and I understand that if anything is found to be untrue that benevolent help will be denied to me.

I understand as well that benevolent help is done only as Mt. Vernon Christian Church has available resources and is base on the judgment of the Mt. Vernon Christian Church Staff, Elders, Deacons, and/or Ministry Managers.

I also understand that in order to receive more benevolent help that I must attend worship at a church before being eligible receiving help again.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Approved