



Assistance Application

The purpose of community care is to investigate how to advise, resource in crisis, and possibly offer other financial considerations in your situation determined by your participation in the Woodcrest church community. *Woodcrest offers a Financial Peace University class each semester. For more information please contact 445-1131, ext. 2844.*

NAME _____ DATE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

When did you begin attending Woodcrest? _____

Name a Woodcrest attender that would affirm your need? _____

Have you completed a Connection Card from a weekend service that registers you are attending? Yes No

How did you hear about Woodcrest? Family Friend Co-worker Advertisement

Do you attend Woodcrest weekend services? No Yes - How many times a month? _____

How often do you attend Community Live services? Once a month Twice a month

Check the ministry group that you are connected to?

Men's Women's FPU Recovery Community Group

Identify your home group leader or Woodcrest attender that knows your situation? (If any)

REQUEST: (be specific – i.e. rent, utilities) Please provide copies of statements/billings with this application for which you are requesting assistance. Documents are necessary for accounting purposes.

Current Employer _____ Length of current employment _____

Previous Employer _____ Length of previous employment _____

REASON YOU NEED ASSISTANCE:

Describe your contact with family for assistance _____

Have you contacted your family for assistance? _____

Have you contacted your friends for support? _____

Are you receiving public assistance? _____ What assistance are you receiving? _____

ACTION YOU CAN TAKE: Every person has something to give. It might be a talent, area of service or time. Here are the ways in which you can give back to Woodcrest for the assistance you may receive.

Please contact Dana Sharland at 445-1131 x 2832 for more information.

- **Woodcrest Bookstore** (Weekend services, C. Live, Weekdays)
- **Woodcrest Café** (Weekend services, C. Live, Weekdays)
- **Facilities/Custodial** (Weekend services, C. Live, Weekdays)
- **Guest Relations/Weekend volunteer** (Greeter, Usher, Info Booth, Coffee Team)
- **Community Live** (2nd & 4th Wednesdays of the month)
- **Creative Arts/Tech Team** (Weekend Services)

Comments: _____

SPIRITUAL JOURNEY – where would you describe yourself spiritually – indicate your position

_____ **cynic** – disbelieving _____ **seeker** – searching _____ **growing believer** – mature
_____ **skeptic** – doubting _____ **nominal believer** - unsure
_____ **spectator** – observing _____ **new believer** – recently trusted Christ

Have you attended the Discover class (discovering your spiritual gifts for use in ministry)? _____
What gifts did you discover? _____

Applicant's Signature _____ Phone _____ Date _____

** Response will be given approximately two weeks from receipt of application **

(ADMINISTRATIVE USE ONLY)

DATE: _____

Circle one **APPROVED** **DISAPPROVED** **ACCOUNT #** _____

Assistance amount approved \$ _____ Check Payable to _____

Address _____

Assistance amount approved \$ _____ Check Payable to _____

Address _____

Assistance amount approved \$ _____ Check Payable to _____

Address _____

STAFF REPRESENTATIVE

VOLUNTEER COORDINATOR-3/2010

Return the completed Application: Woodcrest Chapel * 2201 West Nifong Blvd. * Columbia, MO. 65203