

Attachment A. Point Loma Community Presbyterian Church
REQUEST FOR EMERGENCY ASSISTANCE

Requestor name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (C) _____ Email _____

PLCPC member? _____ If not, relationship to church _____

If you are filling out this application for someone else, please provide the following:

Your Name _____ Phone: (H) _____ (C) _____

Relationship to applicant _____

Household information

Marital status _____ Spouse's name _____ Children's ages _____

Number in household _____ Other dependents _____

Employment information

Are you employed? _____ If so, by whom? _____

Job description _____

Spouse's employment _____

Other sources of income _____

Your need

Please describe your need and attach any applicable documentation to substantiate your request. _____

What other resources might be available to you? _____

Please supply the following payee information; attach invoice or statement

Company name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Account # _____ Total amount due \$ _____ Amount requested \$ _____

Liability Release Clause

The Point Loma Community Presbyterian Church, hereafter referred to as the Church, its ministers, officers, agents, employees, and members are hereby released, forever discharged, and held harmless from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the applicant's request is being reviewed, approved, and/or denied. Furthermore, requester hereby agrees to hold harmless and indemnify said Church, its ministers, officers, agents, employees, and members for any financial liability sustained by said acts of the aforementioned Church parties.

I have received a copy of the Deacons Fund Guidelines for Disbursement and the Application Process. I have read and understand these guidelines and policies, as well as the Liability Release Clause, and my signature constitutes my agreement to abide by them. I also certify the above information is accurate to the best of my knowledge.

Signature _____ Date _____

Print name _____

Deacons Fund Committee use only	
Request approved? _____	Comments _____
_____	_____
_____	_____
_____	_____
Signature _____	Date _____
Signature _____	Date _____
Staff representative _____	Date _____