

The **Ebenezer Baptist Church** provides emergency assistance to EBC members and immediate family (*e.g. spouse, children, parent, or grandparent*). Any assistance sought shall subject to authorization by the Pastor.

1. **Fill out completely the Request for Assistance Form.** Please state clearly and specifically 1) the type of assistance desired, 2) a detailed description of your present circumstance, 3) and the beneficiary (*individual or entity*) who will be the direct recipient of the assistance.
2. When and where applicable, attach any supporting documentation (*i.e. bills, notices, statements, etc.*) that will aid us in determining the proper assistance needed. EBC shall reserve the exclusive right to determine the manner and method of assistance supplied. Failure to provide any information (*or supporting documentation*) requested shall result in delays of authorizing request.
3. Unless prior arrangements are made, satisfaction of the request shall be made 1) only at the EBC facility, and 2) only to the requestor, or their beneficiary. If the beneficiary is an entity (*utility, association, company, etc.*) EBC shall reserve the right to work directly with said entity to insure the complete satisfaction of the request.
4. Request beneficiaries who are members of (*or actively affiliated with*) another congregation shall have their request referred directly to their respective Church. Request beneficiaries who are without a church membership must 1) obtain the direct referral of an EBC member, and 2) show documented evidence that efforts were sought to obtain assistance through existing community support and outreach organizations.
5. All persons who receive assistance through EBC shall agree to 1) have their name and address recorded for future notification of EBC activities; and 2) be contacted regarding EBC support and participation in ongoing mission, volunteer, and related outreach efforts.

**I have completely read, understood, and shall abide by the above guidelines**

Date: (*MM/DD/YY*) \_\_\_\_\_

Requestor Name: (*please print*) \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

\*Referral Name: (*please print*) \_\_\_\_\_

\*Referral Signature: \_\_\_\_\_

*\*required if requestor is not EBC member - referral must be EBC member in good standing*