

**Caloundra Church of Christ
Dollar Club Application Form**



Application No: _____ (Please use the current date for Application No eg: 150715)

Name: _____

Marital Status: _____ **Children's Ages:** _____

Address: _____ **City:** _____ **Postcode:** _____

Daytime Ph: _____ **Mobile:** _____

Email: _____

Does the applicant attend church?: _____ **If so, where?:** _____

What are you requesting assistance for (most pressing need):

Amounts Owed: _____ **To Whom:** _____ **Date Due:** _____

Amounts Owed: _____ **To Whom:** _____ **Date Due:** _____

Overall life situation: (What circumstances have led to the need for assistance)

Please return to:

Caloundra Church of Christ

30 Beerburrum St, Dicky Beach

Postal: PO Box 26, Moffat Beach Qld 4551

Email: admin@caloundrachurchofchrist.org.au

Office Use Only:

Assessed By: _____ **Date:** _____

Comments and action taken: _____

Signed (Dollar Club committee member): _____ **Date:** _____

If this application is being made on behalf of another please also complete the following:

How do you see a Dollar Club gift making a (lasting) change in the life of the recipient:

Has the person been nominated before?: Yes No Unsure

Details: _____

Are you willing to maintain a relationship with the recipient through this time of need to assist them, and to help them grow in their understanding of Christ? (i.e. maintain contact, invite them to church if they don't have a church home, encourage them personally)

Contact information for person submitting/referring this application:

Name: _____

Relationship to applicant (friend, family, co-worker): _____

Are you a member or attender of Caloundra Church of Christ? _____

Email: _____

Daytime Ph: _____ Mobile: _____

