

Request for Services

Charis Care Ministry

Please provide as much information as possible in order to expedite the review process. This will enable speedier assignment of volunteer resources to address the need.

1. Your Name:

2. Your Phone:

3. Name of the Beneficiary (if not you): _____

4. Are you a member or regular attendee of North Shore Bible Church? ___Y___N

5. Which Charis service team are you requesting support from?

- a. ___ Meals
- b. ___ Transportation
- c. ___ In-Home Visits
- d. ___ Home Services

6. Describe the need to be addressed:

7. When would you ideally like for the service to start? _____

8. If known, how long do you anticipate the service will be needed for? _____

9. Is there anything you need for us to know up front that is unique about this situation or will put us in a better position to serve? If so, please describe:

10. Affirmation and Consent

I understand that a) the submission of this application does not guarantee Charis services will be provided, and b) there may need to be an on-site assessment of the situation by the Charis team before committing to the service.

Signature: _____

Date: _____

Please return your completed Application Form in a sealed envelope to the NSBC Office. Address the envelope to Charis Care Ministry. Be sure to keep a copy for your records. If you have any questions while completing this application, send an email to Charis@northshorebc.com (will see if we can automate this via Kenny)