

DSUMC BENEVOLONCE APPLICATION

28900 RR 12 Dripping Springs TX 78620 · (512) 894-7123

Please complete all of the following:

CONTACT INFORMATION

Name

Address

Phone number

WORK HISTORY

DATES FROM – TO
JOB TITLE, COMPANY:

DATES FROM – TO
JOB TITLE, COMPANY:

SITUATION

NUMBER LIVING IN HOUSEHOLD (CHILDREN, ADULTS)

TOTAL INCOME PER MONTH

PLEASE DESCRIBE YOUR NEED (IE RENT, UTILITY BILL, GAS)

WHERE ELSE HAVE YOU ASKED FOR HELP IN PAST 6 MONTHS?

WOULD YOU LIKE A COMMUNITY RESOURCE GUIDE?

HAVE YOU HAD ANY RECENT UNEXPECTED EXPENSES? IF SO, PLEASE EXPLAIN.

UNINSURED? WOULD YOU LIKE FOLLOW UP ON HOW TO SAVE MONEY ON MEDICAL CARE AND PRESCRIPTIONS, MAKE PERSONAL HEALTH GOALS OR ACCESS

COUNSELING?

BILLS PLEASE ENTER THE AMOUNT YOU PAY BELOW

- Rent
- Water, electric
- Miscellaneous
- Transportation (gas, car note, insurance)
- Food
- Childcare

GETTING TO KNOW YOU:

Will this assistance get you back on track long term? If not, what would?

What do you (or would you, if you could) like to do to give back to the community?

Office Use only

Note to staff: Please staple a copy of ID and copy of bill to this form for review.

Authorization signature:

Name of recipient:

Purpose:

Payee: