



Jacksonville Beach Church of Christ  
 422 5th Avenue North PO Box 51153  
 Jacksonville Beach, FL 32240  
 (904) 246-2457 [www.jbcoc.org](http://www.jbcoc.org)

Date of Request: _____
Type of Request: _____
_____
_____

## Request for Assistance

The purpose of the 'Request for Assistance' Form is to gather information to aid in record keeping for the Jacksonville Beach Church of Christ and its efforts in benevolent giving. All information collected is maintained in a discreet, confidential, and private manner. Any food items, gift cards or monetary gifts given as benevolence do not require reimbursement from the person(s) receiving aid.

<b>Name:</b>	_____
	_____
<b>Address:</b>	_____
	_____
<b>Telephone Number:</b>	_____
	_____
<b>Driver's License Number:</b>	_____
	_____
<b>Other Churches offering Aid:</b>	_____
	_____
<b>Shelters offering Aid:</b>	_____
	_____
<b>Employment History:</b>	_____
	_____
<b>Family Information:</b>	_____
	_____
<b>Other Information:</b>	_____
	_____
	_____

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_