

Thank you for completing the following application to assist our team in identifying how we can serve you best. If you are not currently participating in one of our ministry partner programs, we require active participation in our Heirborn Servants Mentor program. The program will start with one meeting with your designated mentor prior to receiving ride support.

Candidate/Applicants Information

Date:

Full Name:

Address: Apt. # City: State: Zip:

Email:

Home Phone: Cell Phone:

Best time to reach me:

DOB:

Family Information

Children's Names:(living with you)

Names	Age	Gender: M/F

Church or Ministry History

Who referred you to Heirborn Servants? Provide name and contact information

Do you attend Church on a regular basis, name of Church?

If so, how often and where?

How long have you been attending this church?

Please provide contact information for a pastor or staff person we can speak with.

Why are you seeking assistance?

Please provide a detailed summary of your situation.



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What type of transportation assistance you are seeking?

Lyft/Uber rideshare support

How long do you anticipate needing rideshare support?

Do you have a plan for eliminating your need for rideshare support?

Car recipient

If you received a car, how do you plan to cover the cost of gas, tires, routine maintenance (oil changes), etc.?

Have you approached any other organization for help within the past 12 months? If so, where and how much?

Employer and Income Information

I am employed by:
Employer Address:
Supervisor:
Phone:
Net weekly income:
How many hours/week?

Other Income	\$
Unemployment:	
Disability: TANFF	
Child Support:	
If Other, please explain	

Your current living situation?



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Monthly Expense	\$
Monthly Mortgage/Rent:	
Electric	
Water	
Gas (utility)	
Phone (land line)	
Cell Phone	
Car Payment/maintenance/ride-share	
Internet	
Cable	
Gas (auto)	
Medical	
Prescriptions	
Credit Cards	
Food	
Insurance (specify) \$	
Other	
Other	

Comments/Additional Info:

Additional Sources of Assistance

Because many government-funded assistance organizations exist as well as other not-for-profit assistance organizations, please list below other sources that are willing to help with this need (including family/friends). Please additional pages, if needed.

Organization Name	
Contact Name	
Address	
Phone	
Organization's Individual Support Plan for you:	



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Service Opportunity

Recipients of Heirborn Servants "Give Rides" program have a unique opportunity to pay it forward by helping others in need. This simple act of service helps both the giver and receiver to grow in their faith and truly make a difference. Many of the women we serve are able to serve by taking people to church, small groups, counseling, doctor appointments, pick up kids, run errands, and many of the needs we often take for granted. If you are interested serving in the "Give Rides" program, how do you see yourself helping others?

___ Give rides to meetings, etc.

___ Give monthly financial support

___ Give time and talents to Heirborn Servants by _____

Family References

Please list two family references (name, relationship, address, phone)

Heirborn Point of Contact: