



G-FORCE APPLICATION

2019-2020

Please return complete and signed forms to the WMBC office or email completed forms to gforce@winklermb.com. Thank you. Page 1 of 4

Name _____ Age _____

Marital Status Single Married Divorced If Married: Spouse's Name _____

Nature of Employment _____ Spouse's Employment _____

Children's Names and Ages (if applicable)

Driver's License # _____

Address _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

We are looking forward to our time with you! We view it as a time to get to know you and what is happening in your life. Our goal is to try to connect you with resources and/or resource providers, give you some encouragement, and possibly provide you with new ideas or perspectives to apply to your current situation.

We know that there is so much more to you than the struggle you are having right now. We also know that a struggle in one area of our lives is connected to other areas in our lives. The following questions are designed to explore some of these areas. Please take the time to think about and write out answers to these questions so that both you and the volunteer/staff person you meet with will have a broader picture of what is happening in your life.

Current Situation

Where did you learn about G-Force Ministries? What prompted you to apply?

What is your most pressing need?

How can this ministry assist you in your need(s)?

Are there any other ways this Community Care Ministry can help you?

In applying for the use of a car, how long do you foresee having the car? What are your plans for purchasing a car?

Continued on reverse

Emotional, Physical, and Relational

Are there health issues that complicate matters for you now and if so, in what ways?

[Empty text box for health issues]

Who are the most important people in your life right now? How has your relationship been with them lately?

[Empty text box for important people]

Who are the people in your life that give you encouragement & support? In what specific ways are they encouraging & supporting you? May we contact them? If yes, what is their phone number?

[Empty text box for encouragement & support]

In general, how have you been feeling?

[Empty text box for general feelings]

Spiritual

Where does God fit into your life?

[Empty text box for God's role in life]

Do you attend church? Yes No

How often? Weekly Monthly Yearly

Church _____

Pastor's Name _____

Has your church given you financial assistance? To what extent? Do you need to repay the church?

[Empty text box for financial assistance]

Do you attend a Small Group/Care Group? Yes No

OR Do you have a Support Group? Yes No

Growth and Self Development

What are you learning about yourself through your current situation?

[Empty text box for self-learning]

Are there any areas of your life in which you would like to learn or grow?

[Empty text box for areas to learn or grow]

Are you willing to meet with a member of the G-Force committee? If no, please explain.

[Empty text box for meeting willingness]

Financial

Included with this profile is a monthly budget worksheet. This can be a very helpful tool in organizing your thoughts about the way that money comes in and goes out of your household. Please complete both worksheets as completely as possible. You will need it for your appointment.

What I Spend Monthly

Fixed Expenses

Housing

- _____ Mortgage or Rent
- _____ Taxes
- _____ Insurance
- _____ Misc Fees

Communication

- _____ Home Telephone
- _____ Long Distance
- _____ Cell
- _____ Internet

Utilities

- _____ Gas
- _____ Electric
- _____ Water
- _____ Trash
- _____ Other

Insurance

- _____ Auto
- _____ Health
- _____ Life
- _____ Disability
- _____ Other

Debt Repayment

- _____ Car Loan
- _____ School Loan Credit
- _____ Cards
- _____ Other

_____ **Total Fixed Expenses**

Variable Expenses

Household/Personal

- _____ Groceries
- _____ Clothes
- _____ Household Items

Personal

- _____ Liquor/Tobacco
- _____ Cosmetics
- _____ Haircuts
- _____ Education/Classes
- _____ Misc

Professional Services

- _____ Child Care
- _____ Med/Dental/Prescriptions
- _____ Counseling
- _____ Other

Entertainment

- _____ Meals Out
- _____ Movies/Events
- _____ Other

Other

- _____ Cable/Satellite TV
- _____ Sports/Fitness
- _____ Hobbies
- _____ Subscriptions
- _____ Vacations
- _____ Gifts
- _____ Misc Cash Spent
- _____ Fuel

_____ **Total Variable Expenses**

_____ My Monthly Spendable Income
 _____ Less My Monthly Expenses
 _____ **The Bottom Line**

Financial Big Picture

Income

- _____ Monthly Income #1 after Taxes
- _____ Monthly Income #2 after Taxes
- _____ Child Tax Credit
- _____ Other Income (GST Credit, etc.)
- _____ **Total Monthly Income**

Assets - What I Own (Current Value)

- _____ Chequeing Account Balance
- _____ Savings Account Balance
- _____ Home (market value)
- _____ Other Property (market value)
- _____ Mutual Funds/Stocks/Bonds
- _____ Insurance (cash value)
- _____ RRSP/Retirement Funds
- _____ Car (Yr _____ Model _____)
- _____ Car (Yr _____ Model _____)
- _____ Other
- _____ **Total Assets**

Debt - What I Owe

- | Owe | Int. Rate |
|-------|----------------------------------|
| _____ | _____ Mortgage (current balance) |
| _____ | _____ Car Loan |
| _____ | _____ Home Equity Loan |
| _____ | _____ Finance Company |
| _____ | _____ Friends/Relatives |
| _____ | _____ Department Stores |
| _____ | _____ |
| _____ | _____ Credit Cards |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ School Loans |
| _____ | _____ CRA (Back Taxes) |
| _____ | _____ Other |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ Total Debt |



References

Please provide two references (no family members please) that we may contact to learn more about your current situation.

Name _____ Phone Number _____

Name _____ Phone Number _____

An agreement with WMBC

I understand that Community Care will attempt to assist me in addressing my current needs. I acknowledge that consulting with a Community Care Ministry may involve the sharing of my information with other ministries of WMBC on a "need to know" basis and I authorize such sharing of information within WMBC. I understand that the services provided by Community Care are offered without charge or obligation. I agree to WMBC contacting my current church/pastor and the references I have provided.

I further agree to indemnify and hold harmless all volunteers of Community Care Ministry, WMBC, and its employees, agents, counselors, officers, and directors from any claim, suit, action, demand, or liability of any kind and any nature arising out or, or in any manner connected with, my participation in Community Care's services.

I agree to participate in financial mentoring.

Signature	Date	Spouse's Signature	Date
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