

# REQUEST FOR ASSISTANCE



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

Do you attend Resurrection Life regularly?  YES  NO

If yes, how often? \_\_\_\_\_

Please list your specific need: \_\_\_\_\_

How did you hear about this ministry? \_\_\_\_\_

Will you agree to release, and not hold liable, RLF, or any individual, from any damages that may be caused while volunteering their services for your needs?  YES  NO