

Beneficiary Application Form



Please submit filled form to Just Prayers offices or scan and email to beneficiaries@justprayersnrb.org

Just Prayers encourages those in need of our support to join our beneficiary list. If you wish to join us, we encourage you to complete this application. (The information on this form will be kept confidential, and will help us find the most satisfying and appropriate support to give you.)

PERSONAL DETAILS

Name: _____

Address: _____

City: _____ County: _____ State / Country: _____

Phone: _____ Email: _____

Marital status: Single Married Separated Divorced Widowed

Are you schooling currently? (Yes/No) _____ If yes, indicate level: _____

How many people are in your household? _____

Are you the main breadwinner in your household? _____

How many people are directly dependant on you? _____

AREAS OF NEED

Please tell us the areas you need our support. (Select all applicable check boxes).

- Medical bill School fees Business empowerment
 Accomodation Food and upkeep Other

Please give a brief detail of your areas of need / specify if selected *other* above.

Just Prayers team will review your application and contact you for interview through the most favourable channel depending on your location and availability. This could be through one on one interview, online video call, audio call, a visit to your location or through local authorities. You will be notified of the outcome of your application through email, and phonecall.

Our screening criteria is transparent and unbiased. We give priority to the most needy; as we get more resources, we will be able to accomodate more applicants in need. Should you qualify for our support, we will get you beneficiary forms and thereafter add you in our beneficiary list.

DISCLAIMER

As a beneficiary of Just Prayers, I agree to abide by the policies and procedures. I understand that I will be a member at my own risk and that Just Prayers, its employees and affiliates cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that my membership is on volunteer basis and I am not eligible to receive any monetary payment or reward, apart from benefits attached to my membership preference.

Signature: _____ Date: _____