

AKB - ASSISTING PEOPLE IN NEED HERE, THERE AND EVERYWHERE

ALLIANCE KINGDOM BUILDERS

An outreach of CHRISTIAN and MISSIONARY ALLIANCE CHURCH OF PARADISE (a California Non-Profit Corporation)

and a division of *G³* Ministry for Men

6491 Clark Road • Paradise, CA 95969 • 530.566.2288 • www.AKBuilders.org

COMPUTER CARE PREQUALIFICATION FORM

NAME(*last*) _____ NAME(*first*) _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

TYPE OF COMPUTER ___ DESKTOP ___ LAPTOP

Description of Work Requested: _____

“Computer Care Authorization and Release”

“I hereby declare that I am the owner of the computer described above. I hereby authorize volunteers from the CHRISTIAN and MISSIONARY ALLIANCE CHURCH of PARADISE and its outreach ministry ALLIANCE KINGDOM BUILDERS (collectively “AKB”) to perform the work requested above. I hereby grant permission to AKB and its volunteers and agents to assess and perform requested tasks. I also acknowledge that any help that I may receive from Alliance Kingdom Builders is contingent upon available resources. I hereby release AKB and its volunteers and agents from any liability for loss to and/or damage to my property .

I understand that all inspections and work performed on my computer are without any warranty and do hereby release and forever discharge and hold harmless AKB and its volunteers and agents from any and all liability, claims, and/or demand of whatsoever kind or nature either in law or in equity, which may result or may hereafter arise from any and all work that is done on my property by AKB.

PHOTOGRAPHIC RELEASE

I grant and convey unto AKB all rights, titles and interest in any and all photographic images, videos, and/or audio recordings of me, my family and/or my property made by and/or on behalf of AKB during the work performed by AKB and/or its workers including but not limited to, any royalties, proceeds, or other benefits derived from such photographs DVD's and/or recordings for or on behalf of AKB.

I have read, understand and accept the terms of this Housing Assistance Authorization and Release.”

NAME: _____ SIGNATURE _____ DATE: _____
(please print)

WITNESS NAME: _____ SIGNATURE: _____ DATE: _____
(please print)

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"Computer Care Authorization and Release"

"I authorize Alliance Kingdom Builders and Christian and Missionary Alliance Church of Paradise to contact any person to verify any and all information that I have provided. I also acknowledge that any help that I may receive from Alliance Kingdom Builders is contingent upon available resources. I further hereby release Christian and Missionary Alliance Church of Paradise and Alliance Kingdom Builders and their employees, agents and volunteers from any and all liability that may result from any assistance that I may receive."

NAME: _____ SIGNATURE _____ DATE: _____
(please print)

WITNESS NAME: _____ SIGNATURE: _____ DATE: _____
(please print)

ADDITIONAL INFORMATION

Are you open to participate in a self-help program? Yes No If yes, what type of program?

Financial Drug/Alcohol Life Skills Class Family: Marriage/Parenting Emotional:
Anxiety/Depression/Anger

I have the following abilities _____
Hobbies _____

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH CHRIST?

Seeker/Curious Committed Christian Agnostic New Christian I'm not sure what I believe.

I've been a Christian for a while but I need to grow closer to Christ.

Do you have a home church? Yes No If yes, name of church: _____

Pastor's name _____ May we contact your pastor/friends at your church? Yes No

Does your church know about your needs? Yes No

Do you attend regularly? Yes No How frequently? _____ Are you a member? Yes No

If no, would you like to attend PAC? Yes No I would be interested in being in a small group. Yes No