

# Knights Shield

## Help Request Form

The purpose of this form is to get accurate info to Knights to best help people.

Please fill out form (Print) then send to KoC mailbox at the church office or email to SK Ernie Jackson at [50chevypickup@gmail.com](mailto:50chevypickup@gmail.com) (email is preferred).

This blank form will be posted on Knights8086.com

Name & Phone of person generating this referral for a person in need to the KoC.

name \_\_\_\_\_, Phone \_\_\_\_\_

\_\_\_\_\_

Name of person needing help \_\_\_\_\_,

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is the person or family a member of Knights 8086 \_\_\_\_\_ Are they a member of Our Lady of Hope Church \_\_\_\_\_.

Type of assistance

required \_\_\_\_\_,

Location \_\_\_\_\_, Date and

time \_\_\_\_\_ Does the person have special handicapped

requirements \_\_\_\_\_

How many Knights will this mission require \_\_\_\_\_, Any special

equipment? \_\_\_\_\_ Is this a reoccurring request \_\_\_\_\_ If so,

the circumstances \_\_\_\_\_

Does person agree not to hold the Knights liable for any accident, etc since this is a charity service. Yes or No \_\_\_\_\_ Signature of person or caretaker requesting

help. \_\_\_\_\_ date. \_\_\_\_\_