

LIGHTS OUT ²⁰¹⁹

Resident Nomination Form

Submit to Covenant for consideration.

Is there a friend, family member, coworker or neighbor who lives in the Bucks County area and needs work done in or around their home? If you would like to nominate someone, or yourself, to receive help from LightsOUT, please complete this form and return it to Covenant Church no later than June 13th, 2019. **Return form by email nickv@covenantdoylestown.org or bring to Covenant Church Office, 4000 US202 Doylestown PA 18902.**

Project Date: Saturday, August 31st.

Resident Requirements

Residents do not need to attend Covenant Church, in fact, we prefer they not. They must have a legitimate need to be considered for LightsOUT. Applications will be reviewed, and selections will be based on greatest need. While our goal is to help as many people as possible, unfortunately, time and resources may not allow for that. Submitting this application does not guarantee the resident will be chosen for LightsOUT. **Please do not promise residents that any work will be completed on their home.** The resident will be notified if their home is selected.

Work Requirements

Should be able to be completed in one (1) day by approximately 5-10 people.
Here is a list of the projects we will consider doing and a list we will not:

Will Do...

Yardwork/landscaping, decking, and ramps
Painting, drywall, cleaning, siding, minor electrical and plumbing.

Won't Do....

Additions, roofing, advanced electrical, or plumbing.
Anything needing permits.

Resident Information – Please print

Name: _____

Address: _____

Email: _____

Today's Date: _____

Age: _____ Gender: Male Female

Phone: _____

Marital Status: Single Married

Other members of the household:

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Background Information

Is the resident currently employed?	Yes	No	Do Not Know
Is the resident retired?	Yes	No	Do Not Know
Does the resident live alone?	Yes	No	Do Not Know
Does the resident own their home?	Yes	No	Do Not Know
Does the resident have friends/family capable of helping on the service day?	Yes	No	Do Not Know
Does the resident, or someone else in the household, have any physical, mental or medical conditions?	Yes	No	Do Not Know
Does resident attend Covenant Church?	Yes	No	Do Not Know

1. Please summarize the resident’s current situation and why you are nominating them.

2. Describe in detail the work that needs to be done in or around the resident’s home.

3. Rate the level of difficulty of the work to be done. Use words “average”, “advanced”, or “professional” to describe

4. Details or description pertinent to getting to the resident’s house.

5. Other important comments.