

AUTO-CARE MINISTRY

Auto-Care Service Application

Centralia Church of the Nazarene
1119 West First Street, Centralia, WA 98531
(360) 736-9981

PERSONAL INFORMATION

Name: _____ Age: _____
Street Address: _____ City: _____
Mailing Address: _____ City: _____
Home Telephone: _____ Work Telephone: _____
Driver's License Number: _____ Expiration Date: _____
Automobile Insurance Company: _____
Automobile Insurance Policy Number: _____

(Copy of valid driver's license and proof of insurance must be attached to this form)

FAMILY INFORMATION

Single If married, what is your spouse's name? _____
 Married Age of your spouse: _____
 Separated Number of children living with you: _____
 Divorced List name and age of everyone living in your home: _____
 Widowed _____

How did you hear about the Auto-Care Ministry? _____

EMPLOYMENT INFORMATION

Are you currently employed? _____
If yes, where? _____ How long? _____
If no, how long have you been unemployed? _____
Last place of employment: _____

SPIRITUAL INFORMATION

Is First Church of the Nazarene your home church? ____ Yes ____ No
If yes, how long have you attended? _____
If no, what is your home church? _____
How often do you attend church services? _____

Please complete reverse side



AUTOMOTIVE INFORMATION

Car Year _____ Make and Model _____ Engine Type & Size _____
In your estimation, what service or repairs does your vehicle need? *(please be specific)*

Date of last oil change: _____

Have you participated in the Auto-Care Ministry before? _____

If yes, when? Month: _____ Year: _____

FINANCIAL INFORMATION

Your total monthly income: \$ _____ (all sources)

PLEASE READ & INITIAL THE FOLLOWING IMPORTANT INFORMATION
You are responsible for the cost of any and all parts and fluids used to repair or service your vehicle, unless otherwise approved through the benevolence fund. All labor is FREE and provided by the Auto-Care Ministry staff of Centralia Church of the Nazarene
Completion of this application will not automatically guarantee repair or service of your vehicle, nor will it guarantee immediate scheduling for service. Members of Centralia Church of the Nazarene will receive priority in scheduling service appointments.
This form must be completed and returned to the Connection Point (on Sunday mornings) or to the church office no later than the second Sunday of the month. A copy of your valid driver's license and proof of car insurance must be attached. Your Initials: _____

I have truthfully answered all questions on this form.

Today's Date _____ Your Signature _____

----- DO NOT WRITE BELOW THIS LINE -----

Approved: _____ Date: _____
Declined: _____ Date: _____

Comments: _____

