



Completing this application helps our SHIFT GARAGE TEAM work with you to determine the best course of action for your needs.

Mail or Hand-Deliver to:
FOUNTAIN SPRINGS CHURCH OFFICE
 321 7th Street Rapid City, SD 57701

WHAT ARE YOU REQUESTING? *Please check only one.*

Low Cost Repair Vehicle Donation

SHIFT GARAGE is UNABLE to repair Headgaskets, Engine, Transmissions, Clutches or 4-Wheel Drive at this time. We would love to connect you with a trusted repair shop in the Black Hills for these needs.

ALL INFORMATION BELOW IS REQUIRED.

Application cannot be processed unless it is complete, including a copy of applicant's Driver's License.

We will attempt to make contact if application is returned incomplete.

For vehicle donation requests, applications are void after 30 days. Applicants are invited to reapply.

PERSONAL INFORMATION	DATE:		
	FULL NAME:		
	ADDRESS:		APT#:
	CITY/STATE:		ZIP:
	EMAIL:		
	CONTACT PHONE:		BIRTHDAY:
	ALTERNATE PHONE:		GENDER: M F
	BEST TIME TO REACH ME: AM MID-DAY PM		
FAMILY INFO	MARITAL STATUS:		
	SPOUSE'S NAME:		BIRTHDAY:
	CHILDREN LIVING WITH YOU		
	(1) Name: _____ Age: _____ (3) Name: _____ Age: _____ (2) Name: _____ Age: _____ (4) Name: _____ Age: _____		
CHURCH	WHO REFERRED YOU TO SHIFT GARAGE?		
	DO YOU ATTEND FSC ON A REGULAR BASIS?		
	IF NO, DO YOU HAVE A HOME CHURCH?		
SHARE	PLEASE PROVIDE A SUMMARY OF YOUR SITUATION.		

REQUESTED ASSISTANCE	WHAT IS THE TYPE OF ASSISTANCE YOU ARE SEEKING?
	WHAT STEPS CAN YOU TAKE TO FIX YOUR CURRENT FINANCIAL SITUATION?
	HOW LONG WILL ANY ASSISTANCE SOLVE THE PROBLEM?
	DO YOU EXPECT TO NEED FINANCIAL OR VEHICLE SUPPORT IN THE FUTURE?
	HAVE YOU APPROACHED ANY OTHER ORGANIZATION FOR HELP WITHIN THE PAST 12 MONTHS? <ul style="list-style-type: none"> • IF SO, WHERE AND HOW MUCH?

EMPLOYER AND INCOME INFORMATION	I AM EMPLOYED BY _____ ADDRESS: SUPERVISOR: PHONE: NET WEEKLY INCOME:	HOURS/WEEK _____
	SPOUSE EMPLOYED BY _____ ADDRESS: SUPERVISOR: PHONE: NET WEEKLY INCOME:	HOURS/WEEK _____
	MONTHLY UNEMPLOYMENT: MONTHLY CHILD SUPPORT: DISABILITY: TANFF: FOOD STAMPS: OTHER:	

DRIVER AND INSURANCE INFORMATION	DRIVER'S LICENSE STATE _____ EXPIRES ON _____ NUMBER _____
	INSURANCE COMPANY _____ POLICY NUMBER _____

VEHICLE INFORMATION (FOR REPAIRS ONLY)	VEHICLE REGISTRATION COUNTY and STATE _____ <i>Copy required prior to repairs</i>
	VEHICLE MAKE AND MODEL _____ • YEAR _____ MILES _____
	PLEASE LIST THE TOP THREE ISSUES WITH YOUR VEHICLE. DESCRIBE. 1. _____ _____ 2. _____ _____ 3. _____ _____ <p>SHIFT GARAGE is UNABLE to repair Headgaskets, Engine, Transmissions, Clutches or 4-Wheel Drive. We would love to connect you with a trusted repair shop in the Black Hills for these needs.</p>

ADDITIONAL SOURCES OF ASSISTANCE	Because many government-funded assistance organizations exist as well as other not-for-profit assistance organizations, please list below other sources that are willing to help with this need. (including family/friends)
	NAME: PHONE: AMOUNT:
	NAME: PHONE: AMOUNT:

ACKNOWLEDGEMENTS

_____ (Initial) I understand that SHIFT GARAGE is a non-profit ministry of Fountain Springs Church, and therefore relies on the generosity of volunteers.
_____ (Initial) I understand that the work done by SHIFT GARAGE is not under warranty, though parts put on my vehicle may be through the manufacturer.
_____ (Initial) I understand that there is no cost for labor, but I am responsible to pay for the full cost of parts prior to repair.
_____ (Initial) I understand that I may not have use of my car for as long as it takes to complete the repairs on my vehicle agreed upon during vehicle evaluation and a 'loaner" vehicle is not provided by SHIFT Garage.
_____ (Initial) I understand that if SHIFT GARAGE team members find something during repairs that is a safety issue not found during vehicle review, I will be contacted and given options.
_____ (Initial) I certify that I am the legal owner of this vehicle and I hereby release SHIFT GARAGE to and all volunteers, employees and the SHIFT GARAGE from any and all liability in the repairs of my vehicle.
_____ (Initial) I understand that my signature is legally binding, and I will be held to the information agreed upon within the application.
_____ (Initial) I give permission for SHIFT GARAGE and Fountain Springs Church to use photos or videos of me and/or my vehicle for purposes of promoting SHIFT Garage and its programs.

INFORMATION RELEASE

APPLICATION IS VOID WITHOUT SIGNATURE		
<p>I hereby authorize the release of information to FSC and SHIFT GARAGE. I certify the information I have stated is true and correct. I understand that any deliberate misrepresentation of information may subject me to denial of assistance.</p> <p>I permit FSC and SHIFT GARAGE to discuss my case with other agencies, businesses', churches, attorneys, individuals and others deemed necessary to verify the application information and/or identify additional sources of assistance. I understand that all information will remain confidential within these entities.</p> <p>I have read, understand, and agree to the information above.</p>		
_____	_____	_____
PRINTED NAME	SIGNATURE	DATE