





## Mechanics of FAITH

### Household Information

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Housing: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with Family \_\_\_\_\_ Friends \_\_\_\_\_ Other \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Language: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

In which County or City are you a resident? \_\_\_\_\_

Do you own other vehicles? If yes, how many \_\_\_\_\_

How many drivers live in the home? \_\_\_\_\_

Age of drivers \_\_\_\_\_

#### HOUSEHOLD MEMBERS (including Customer)

Total # dependent on customer's income?

Total # people living in the home

First Name	Last Name	Birth Date/Age	Relationship
			Head of Household

What is your employment status?

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed

If married, what is your spouse's employment status?

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed





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### Consent for Repair(s)

I understand and consent to my vehicle being examined and repaired by the volunteers with Mechanics of FAITH.

I understand that this organization depends on donations to continue to offer services. I understand that I am required to cancel any scheduled appointment with at least 24 hours notice, except in cases of emergency. If I don't call to cancel an appointment, my privilege to receive services through this organization may be suspended.

I understand that the services being provided are provided by the volunteers of Mechanics of FAITH. I understand that all volunteers performing repairs, are immune from liability under the Good Simon Law.

I hereby voluntarily consent to having my vehicle repaired.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date