

Angel Referral Application

To empower each and every member of Angels Over Sandpoint to provide assistance to those in need in our community, especially those not covered by other assistance programs.

Program Liaison: Carolyn Sorentino, 263-6066, csorentino@gmail.com

When a member knows or hears about someone in need, they should confirm they are a Bonner County resident and then check with Carolyn to make sure they haven't received assistance in the last 12 months. If they haven't, the referring angel should provide the following information to submit this application:

Referring Angel: _____ Referring Angel Phone #: _____

Applicant Name: _____ Phone: _____

Address: _____

Business/Person Receiving Check (include account number if needed):

Name: _____

Address: _____

Applicant Acct. # (if needed): _____

Amount of Check: _____

Give us a brief outline of their "story" (why they need our help)

E-mail your completed application to Carolyn to present your information to the Board for a recommendation. If the Board recommends it, we will take it to the General Membership for a vote. Carolyn will send a check request to the Treasurer and inform the Angel and applicant that Angels Over Sandpoint will help.

For office use only:

Residency and Assistance Status Verified?

Other Resources Possible?

Recommendation:

Signature: