

First Baptist Church Sutherland Springs
Survivor Care Policy
Effective March 1, 2025

This Survivor Care Request form may be utilized for requests related to supporting the victims affected by the November 5, 2017, shooting incident.

Survivor Care Guidelines:

1. The Survivor Care Subcommittee is responsible for administering programs related to Survivor Care resulting from the November 5, 2017, shooting incident. Requests are limited to the assistance of victims only. Payment will be made from funds received and designated for victim relief. If the funds are exhausted, standard benevolence guidelines will apply.
2. Assistance requests may be made for medical reasons only, such as medical equipment, supplies, care, and treatment.
3. Multiple applications may be received in a calendar year.
4. Payment of expenses may be made directly to the provider or may be made to the applicant for distribution to providers. Payment will typically be made by check. Evidence of the amount required to meet needs such as copies of bills, prescriptions for medications, etc. must be provided.
5. Applications will be reviewed by members of the Survivor Care Subcommittee and must be approved by at least two members of the Subcommittee.
6. Applications and information they contain will be held in strict confidence by all parties.

Hold Harmless / Liability Release

First Baptist Church Sutherland Springs, Texas, it's Pastor, Officers, Agents, Employees, and Members are hereby released, forever discharged and held harmless from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may incurred as a result of the review, approval, payment and/or denial of benefits under the administration of the Benevolence or Survivor Care programs. Furthermore, the requestor hereby agrees to hold harmless and indemnify said Church, it's Pastor, Officers, Agents, Employees, and Members from any financial liability sustained by said acts of the aforementioned church parties.

First Baptist Church of Sutherland Springs Victim Assistance Request

Name of Applicant	
Application Date	
Current Address	
Mailing Address, (if different)	
Phone Number	
Email Address	

Household Members	Relationship	Age	Employment Status

Type of Assistance Requested	Amount Requested	For How Long?

Please List Other Sources of Assistance Received in Past 6 months	Approx Amount Received

I have read and understand the policies and guidelines for assistance receipt from the First Baptist Church of Sutherland Springs. My signature constitutes my understanding and agreement to abide by them.

Applicant Signature	Date	Approved?	Yes	No
Reviewed By	Reviewed By			