

FAITH'S CARE ASSISTANCE PROGRAM

COMPLETE THE FOLLOWING TO BE PART OF OUR VOLUNTEER BASE

Caring for our Faith Family

The Board of Deacons and the Board of Outreach recently met to discuss how we can help members of our Faith family in time of need. For example, when a member has surgery or is hospitalized and there's no one to help them, what can we do? Please complete the form below, checking those ways in which you may be able to help on occasion. Please return to the church office as soon as possible. Thank you.

Provide meals _____
Make home visits _____
Give caretakers free time _____
Clean _____
Outdoor work _____
House sitting _____
Provide food for funerals _____
Other _____

Provide rides _____
Make hospital visits _____
Assist with shopping _____
Run errands _____
Pet care _____
Child care needs _____
Serve at funerals _____

Name/Address _____
Phone number and e-mail _____

COMPLETE THE FOLLOWING TO REQUEST ASSISTANCE

CARE ASSISTANCE REQUEST/REFERRAL FORM
(Please return to the church office or to Pastor Ken.)

Name _____

Address _____ Phone/Email _____

Regular Contact Person(s) & Relationship (Family Member/Assistant/Agency/Friend/Neighbor)

Address/Phone/Email _____

CONCERN OR ISSUE _____

ongoing short term long term

WOULD LIKE ASSISTANCE WITH - examples may include:

meals cleaning rides agency referrals errands/pickups
outdoor work pet care house sitting child care needs personal needs
other _____

Suggested frequency of assistance? _____ # of volunteers needed? _____

Circle if Male or Female preference.

OTHER COMMENTS/SUGGESTIONS _____

CARETAKER TIME OFF REQUEST

When time off desired?

Dates/times? _____

Frequency needed? _____ ongoing short term long term

How can volunteer(s) assist in caretaker's absence?

visit cards/games organizing something around house
looking at pictures take shopping take to church or community activity
other _____

PREPARER'S SIGNATURE _____ DATE _____