

PARISH CARING COMMITTEE VOLUNTEER FORM

Volunteer Name _____

Address _____

Phone Number _____

Email address _____

Please check the areas that you would be interested in helping:

___ Phone Calls to check on someone, or just to chat

___ Transportation

___ Care Giver Relief (Sit with someone for a few hours to give a family member a break)

___ Provide Meals

___ Errands (i.e. groceries, pick up medicine or medical equipment)

___ Light housekeeping

___ Small household projects

Please indicate which days and times you would be available:

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

___ Friday

___ Morning

___ Afternoon

___ Evening

Please place completed form in the collection basket at church.

For any questions, please contact the committee members mentioned on the front of this flyer.

THANK-YOU!