

CONNECT 2 CARE VOLUNTEER FORM

PERSONAL INFORMATION

First Name:
Phone Number: Call Cell Phone Email E-Mail: Text Any
IWOULD BE WILLING TO Transportation Provide a Meal Caregiver Rest / Reprieve Visit Homebound Yard Work / Minor Repair Inside Cleaning Pet Care / Visits / Sitting Laundry Hospital Visits Visit Newborn/ Pick Up Prescriptions / Laundry
Hospital Visits Visit Newborn/ Moms Hick Op Hescriptions / Groceries Home Office assistance (Sorting mail / Completing Forms / Online Bill Set Up / Computer Skills Take Homebound Communion Other Other
I AM AVAILABLE TO HELP
DAYS Monday Friday Image: Solution of the solution of
LIST ANY QUESTIONS BELOW Questions
I Understand that I will have to pass a background check and become safe sanctuary certified before I can participate in this ministry.
OFFICE USE ONLY Date Received / Received by: Date Received by: