

HELPING HANDS ***(WHEN BACKUP IS NEEDED)***

A number of people in our church need different kinds of assistance at times. The Health Care Committee asks that you complete this short inventory so we can create a list of people who can help in the identified areas.

Please indicate any needs that you or your immediate family members might have on the left
OR
please indicate areas that you would be willing and able to help with on the right.

Please place the completed survey in the basket on the Welcome Center or return it to the church office.

Your Name: _____

Phone: _____

Need:

Help with:

___ Local transportation help
(for health needs)

___ Local transportation
(for health needs)

___ Home Assistance
Maintenance/Chores/Yard Work

___ Home Assistance
Maintenance/Chores/Yard work

___ Help with housekeeping

___ Housekeeping

___ Food preparation/Shopping

___ Food preparation/Shopping

___ Caregiver Relief

___ Caregiver Relief

___ Use of a pick-up/Moving Help

___ Provide a pick-up/Moving Help

___ Other

___ Other

A list of “helping hands” will be compiled and given to the office. If an individual needs some help, please contact the office and the office manager will refer to the list.

Thank you.

The Health Care Committee