

**Caring**

## Caring Ministry Volunteer Survey

Please feel free to fill this out even if done previously, as there are some new items.

At times, the Caring Ministry receives calls from people who are requesting help with simple, yet important tasks. Tasks that can be accomplished by a caring friend who lives close nearby and that will greatly lighten someone's burden. As such, we are looking for people who would be willing to occasionally lend a hand to someone from COS. If you are, please fill out this form indicating how you are willing to help. As a need arises that matches your form, the Caring Ministry will call to see if you are available to help. This is a great way to share Christ's love with one another.

### Hospitality

- Make a meal for a family.
- Visit someone who is ill.
- Baby-sit children when there is an illness or emergency in a family.

### Single Parent Care

- Baby-sit when a parent wants to be part of a COS activity.
- Include children in COS activities along with my own children.
- Baby-sit when the parent would like to attend a COS overnight or weekend retreat.

### Manual skills

- Small home repairs - indicate type \_\_\_\_\_
- Light housecleaning for an older or sick individual.
- Outdoor cleaning/yard work.
- Helping someone move.

### Driving activities

- Transportation to church (occasionally \_\_\_ regularly \_\_\_).
- Transportation to a doctor appointment or medical treatment.
- Shopping for someone who is unable to leave their home.

### Housing

- House a person for a few weeks due to a family crisis such as presence of conflict between husband & wife or adolescent & parents.
  - House a mother & her children (limit of \_\_\_\_ children).
  - House an adolescent.
- House a COS person experiencing transition for a few weeks at a low rent or no cost.

### Short-term use of an automobile

- Loan an automobile to a family in need for a short period of time.

### Care-giver support

- Give a care-giver a break by sitting with their ill family member while they go out.
- Help someone fill out medical forms.
- Give an occasional call to a care-giver to offer support through a listening ear.
- Food shop for the care-giver.
- Help with a special-needs child so the family can have time together. (I would be willing to receive training on how to spend time with such a child.)

### Note writing

- Write a note to someone who is ill or grieving the loss of a loved one.

### Other skills

Please list any other skills not listed that may help others in need:

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

( ) Yes ( ) No; Are you a member of COS at this time?

What ministries have you been or are you presently a part of?

\_\_\_\_\_

( ) Yes, ( ) No; I am/am not willing to have this information given to the Caring Facilitator of my zone.

Date completed \_\_\_\_\_

Please mail this survey to The Caring Ministry, 651 N. Wayne Ave., Wayne, PA 19087.

Summer05