

FRIENDS ASSIST FRIENDS

FMW Personal Aid Volunteer Sign-Up Form

The Personal Aid Committee depends on volunteers from the entire FMW community to carry out its work. Please check off the jobs you would be willing to take on, occasionally or on a regular basis.

	<u>Often</u>	<u>Sometimes</u>	<u>Once</u>
- shop or run errands for shut-ins or families coping with emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- provide ready-to-eat food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- do simple household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- provide transportation to medical appointments, usually between 8 and 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- provide transportation to and from Sunday Meeting for Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- visit sick Friends in their own homes or in hospitals, nursing homes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- make Friendly phone calls to those who cannot get to the Meeting House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- organize/participate in Meetings for Worship for home- or hospital-bound Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list days of the week, times, and geographic area in which you are most likely to be available.

Do you have a particular area of expertise (e.g., mental health, social, financial, or legal services) that you would be willing to make available to the Personal Aid Committee in cases where the committee needs to offer advice or referrals? Please specify.

Name: _____

Address: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Please Return to a Member of the Personal Aid Committee or the Meeting Office,

Fax (202) 483-3312, assist.dcfriends@verizon.net

