

St. Thomas Episcopal Church
Assistance Ministry Program Form

To obtain Assistance Ministry Services from St. Thomas Episcopal Church, please provide the information below and sign the form where indicated. Please submit the form to the Church Office.

1. Name _____

2. Address _____

3. Telephone and /or Cell Phone Number _____

4. Email Address _____

5. Next of Kin or Emergency Contact

A. Name _____

B. Relationship to You _____

C. Telephone and/or Cell Phone Number _____

Prospective members of the program are advised that each member is assigned a program volunteer. **That volunteer** is not permitted to lift any member who may require such assistance when entering or exiting the program volunteer's vehicle or performing any other extraneous activity. If such assistance is required, it is the member's responsibility to provide a person (s) to assist the program volunteer in performing this task. Such need must be decided upon and the person offering such assistance identifiable by the program volunteer in advance of his/her visit.

Acceptance Statement

I, _____, desire to receive services provided by the Assistance Ministry of St. Thomas Episcopal Church, as described in the attached letter.

Signed, this _____ day of _____, 20__.

(Signature)

(Printed Name)