

St. Mary Helping Hands

Assistance Request Form

Please complete the upper portion of this form and turn in to the Parish Office or place in the collection box.

Name _____ Phone _____

Address _____

Alternate Contact

Person _____ Phone _____

Assistance/Work Requested _____

Assessment/Onsite Visit (To be completed by Helping Hands Team Member)

Job/Assistance Needed (including frequency/duration) _____

Materials Required _____

Assignments _____

Miscellaneous Info _____
