

Helping Hands Volunteer Checklist

Volunteer: _____

Contact Information: (email, phone)_____

Please sign up for any activities that you would be comfortable helping with. If you sign up for several activities you will be asked to fill needs as they arise-not necessarily everything you sign up for. Some tasks will be short-term while others ongoing in length.

- | | |
|---|---|
| <input type="checkbox"/> Rides to Mass (Day & Time _____) | <input type="checkbox"/> Home Maintenance |
| <input type="checkbox"/> One-on-One Time | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Rides to Appointments | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Plumbing (Licensed?) |
| <input type="checkbox"/> Housecleaning | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Run Errands | <input type="checkbox"/> Cleaning Gutters |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Raking |
| <input type="checkbox"/> Meal Preparation (short-term) | <input type="checkbox"/> Mowing |
| <input type="checkbox"/> Read Mail | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Nursing Care | <input type="checkbox"/> Vehicle Maintenance
(Oil Change-annual event) |

- Would like to receive emails regarding group activities (Leaf Raking, Oil Change, fundraising activities-potting plants, Christmas lights)

Availability:

- Weekends
 Weekdays

After completing a form you will be contacted for a brief interview. Please indicate the best time to contact you and at what number and make any additional comments below-include any items you would be willing to help with that were not mentioned above.
