

CARING COMMUNITY COMMITTEE FORM

Please complete and return to: Congregation Or Chadash, 3939 N. Alvernon Way, Tucson, AZ 85718

Name: _____

Address: _____

Phones: (Day) _____ (Evening) _____

(Cell) _____

Email: _____

Best time to call? _____ Earliest _____ Latest _____

1. I am interested in visiting (check as many as you like)

- _____ congregants who are in the hospital
- _____ congregants who are recuperating after a hospital stay
- _____ congregants who are in assisted living/the elderly
- _____ congregants who need assistance during *simcha*

2. In terms of practical support, I am willing and able to:

- _____ prepare and deliver a meal
- _____ food/RX shop/pickup
- _____ run an errand (such as bringing CD's/DVD's/Books from library; no purchases)
- _____ Do a creative activity (read, craft project, help with Correspondence)

3. I can be of assistance during Bereavement

- _____ Hospice Visits
- _____ Chevrah Kaddisha
- _____ Coordination for memorial details
- _____ Condolence Meal
- _____ Shivah Minyan

4. I would like to be contacted as a volunteer to make phone calls:

- _____ once a week
- _____ once every 2 weeks
- _____ once a month
- _____ any time

5. Are you able to provide any of the following specialized skills?

- _____ Creative Support
 - _____ Art Projects, Craft Projects
 - _____ Music
 - _____ Reading
 - _____ Scrapbooking
- _____ Healing Skills
 - _____ Certified Reiki or massage therapist
 - _____ Hospice training
 - _____ Chaplain training

6. Are there any life cycle events, illnesses, or issues that you are willing and interested in sharing with someone in need?

7. What days of the week and what times work best for you?

8. Can you sign up for a regular time slot each week?

