

Helping Hands Ministry

Saint Paul Church



Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

- I would welcome a call once in a while to check up on me.
- I live alone.
- My family is not local.
- I am homebound.
- I could use some help from time to time picking up groceries or medicine.
- I would like to receive the Eucharist at home.
- I would like to have the bulletin mailed to me.
- Other ways in which "Helping Hands" might assist me.

Please return this form in the collection basket, drop off at the Parish Center or mail to:

St. Paul Church, 467 Alling Street, Kensington, CT 06037