

Helping Hands Ministry at St Paul Parish



I would like to VOLUNTEER to help with this important ministry.

Name: _____

Phone: _____

I would like to request a Helping Hand for myself or a loved one.

Person making request:

Name

Phone

Person to receive a Helping Hand:

Name

Phone

Address

Emergency Contact Name

Emergency Contact Phone

Type of help being requested for yourself or your loved one:

- A phone call once in a while (or regularly) to make sure everything is ok.
- A visit once in a while (or regularly) to check in.
- I live alone. (He/she lives alone.)
- Family members are not local.
- I am homebound. (My loved one is homebound.)
- Help picking up groceries or medicine from time to time.
- I (he/she) would like to receive the Eucharist at home.
- Please mail the bulletin to the address above.
- Other ways in which "Helping Hands" can provide assistance:

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

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