

First Unitarian Church of Des Moines Caring Ministry Registration Form

Name _____ Date _____

Home Phone _____ Business Phone (Optional) _____

Email Address _____

Type of Service	Provide	Need	Comments
New Parents: <i>(meals, consultation, respite care)</i>			
Household tasks: <i>(limited/short term: yard work, shoveling, light housekeeping, shopping).</i>			
Memorial Assistance: <i>(help provide receptions following memorial services)</i>		N/A	
Meals: <i>(for members convalescing or in bereavement)</i>			
Transportation: <i>(for church activities, errands, appointments)</i>			
Visits by phone or in person			
Cards or notes: <i>(for members experiencing joys or concerns)</i>			
Portable medical equipment: <i>loan/deliver /or need</i>			

Thank you for your participation!

Please submit completed form to the church office or to the Caring Ministry Table in the foyer throughout the month of October. Additional forms are available at church or online at www.ucdsm.org.