



BCC BIKUR CHOLIM VOLUNTEER INFORMATION FORM

In order to best match each volunteer's preferences to provide the type of help those in our congregation may need, please complete this form and send it back to the BCC Office.

CONTACT INFO

Name: _____
Phone: home: _____ cell: _____ work: _____
Address: _____ city: _____ ZIP: _____
Preferred method/time of contact: _____

TYPES OF HELP

Please check all the types of help are you willing to offer to those ill and in need:

hospital/rehab facility visits
 home visits
 phone calls
 home help (e.g., shopping, laundry, cooking, light cleaning, etc.)
 driving (e.g., to appointments, etc.)
 preparing/donating meals
 Other help: specify: _____

SPECIFIC CHALLENGES MEMBERS MAY FACE

Please check which specific member concerns you wish to respond to. (check all that apply)

general illness post-accident trauma chronic conditions
 issues facing the aging terminal illness mourning (shivah)
 specific conditions, please specify _____

Age groups: Please note which age group you want to engage with: (check all that apply)

pediatrics children adults elderly

OTHER

How many miles are you willing to travel to provide services: _____ miles

How often are you able to provide services? (check)

daily or multiple days/week once weekly once every 2 -4 weeks
 once/month once every 2 -3 months once in 6 months as needed

What other information should we know about you to help make this experience enjoyable and meaningful experience for you and our ill members?
