

# Caring Committee Volunteer Information Form

Green Bay Area Unitarian Universalist Fellowship  
1641 Commanche Ave, Suite G  
Green Bay, WI 54313

Thank you for your interest to serve as a member of our Fellowship Caring Committee. Please complete the information below regarding areas of support you can provide and methods of contact. You will be asked to review and update this information form annually.

If for some reason you can no longer serve, please contact the Care Coordinator.

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am willing to provide the following areas of support to members of our Fellowship. Please check all that apply.

\_\_\_\_\_ Food/Meal Assistance

\_\_\_\_\_ Pet/Animal Care

\_\_\_\_\_ Light Household Duties

\_\_\_\_\_ Childcare (must be Red Cross Certified for ages 12-18)

\_\_\_\_\_ Transportation to Sunday Services  
(must be 18 years of age or older)

\_\_\_\_\_ Transportation to Fellowship Events/Activities  
(must be 18 years of age or older)

\_\_\_\_\_ Other Transportation Needs  
(must be 18 years of age or older)

I agree to provide the support indicated above to the best of my ability when asked to respond to the needs of a member of our Fellowship.

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

As the parent/guardian of the individual noted above, I give my permission for she/he to serve as a Caring Committee Member. I agree to provide transportation to support her/his efforts.

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Email to: [caring@greenbayuu.org](mailto:caring@greenbayuu.org) or mail to: Green Bay Area Unitarian Fellowship  
(see above address)

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**Office Use Only:** Date Received \_\_\_\_\_ Entered in Caring Database \_\_\_\_\_