

ST. THOMAS EPISCOPAL CHURCH

ASSISTANCE MINISTRY

PROGRAM FORM

To obtain Assistance Ministry Services from St. Thomas Episcopal Church, please provide the information below and sign the form where indicated. Please submit the form to the Church Office.

1. NAME \_\_\_\_\_.

2. ADDRESS \_\_\_\_\_.

3. TELEPHONE NUMBER \_\_\_\_\_.

4. CELL PHONE NUMBER \_\_\_\_\_.

5. EMAIL ADDRESS \_\_\_\_\_.

6. NEXT OF KIN (1)

A. NAME \_\_\_\_\_.

B. RELATIONSHIP TO YOU \_\_\_\_\_.

C. ADDRESS \_\_\_\_\_.

D. TELPHONE NUMBER \_\_\_\_\_.

E. CELL PHONE NUMBER \_\_\_\_\_.

F. EMAIL ADDRESS \_\_\_\_\_.

NEXT OF KIN (2)

G. NAME \_\_\_\_\_.

H. RELATIONSHIP TO YOU \_\_\_\_\_.

I. ADDRESS \_\_\_\_\_.

J. TELPHONE NUMBER \_\_\_\_\_.

K. CELL PHONE NUMBER \_\_\_\_\_.

L. EMAIL ADDRESS \_\_\_\_\_.

7. EMERGENCY CONTACT (1)

A. NAME \_\_\_\_\_.

B. RELATIONSHIP TO YOU \_\_\_\_\_.

C. ADDRESS \_\_\_\_\_.

- D. TELEPHONE NUMBER \_\_\_\_\_.
- E. CELL PHONE NUMBER \_\_\_\_\_.
- F. EMAIL ADDRESS \_\_\_\_\_.
- G. HOLDS KEY TO RESIDENCE? \_\_\_\_\_.

EMERGENCY CONTACT (2)

- H. NAME \_\_\_\_\_.
- I. RELATIONSHIP TO YOU \_\_\_\_\_.
- J. ADDRESS \_\_\_\_\_.
- K. TELEPHONE NUMBER \_\_\_\_\_.
- L. CELL PHONE NUMBER \_\_\_\_\_.
- M. EMAIL ADDRESS \_\_\_\_\_.
- N. HOLDS KEY TO RESIDENCE? \_\_\_\_\_.

8. PRIMARY DOCTOR \_\_\_\_\_.

9. ATTORNEY \_\_\_\_\_.

10. DOES SOMEONE HAVE YOUR POWER OF ATTORNEY? \_\_\_\_\_.

IF YES:

- A. NAME \_\_\_\_\_.
- B. ADDRESS \_\_\_\_\_.
- C. TELEPHONE NUMBER \_\_\_\_\_.
- D. CELL PHONE NUMBER \_\_\_\_\_.
- E. EMAIL ADDRESS \_\_\_\_\_.

11. DOES SOMEONE ACT AS YOUR HEALTH CARE SURROGATE?

IF YES:

- A. NAME \_\_\_\_\_.
- B. ADDRESS \_\_\_\_\_.
- C. TELEPHONE NUMBER \_\_\_\_\_.
- D. CELL PHONE NUMBER \_\_\_\_\_.
- E. EMAIL ADDRESS \_\_\_\_\_.

12. DO YOU HAVE A PET?

IF YES:

- A. TYPE \_\_\_\_\_.
- B. NAME \_\_\_\_\_.

ACCEPTANCE STATEMENT

I, \_\_\_\_\_, hereby state that I desire to receive services provided by the Assistance Ministry of St. Thomas Episcopal Church, as described in the attached letter from Rev. Dr. W. Frank Hull, IV. I understand that this is a voluntary program, that the services provided to me are at no cost to me, and that all persons providing services to me are volunteers. I agree that I will cooperate with those volunteers assigned to assist me and agree that I will hold St. Thomas Episcopal Church, its officers, employees and volunteers harmless from any claims arising out of the services provided under the Assistance Ministry program. Finally, I understand that I may withdraw from the Assistance Ministry program at any time by notifying St. Thomas Episcopal Church, in writing, and that St. Thomas Episcopal Church may terminate its services to me under the Assistance Ministry program at any time by notifying me in writing.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

Witness