

Date: \_\_\_\_\_



*matthew 11:28*  
CAREGIVER MINISTRY

## Volunteer Interest

Please email this completed form to [ginger@camcc.net](mailto:ginger@camcc.net) or mail it to 1322 Las Posas Rd, Camarillo, CA 93010. The Caregiver Ministry Coordinator will be contacting you.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of CamCC?  Yes  No

Are you a Regular Attender at CamCC?  Yes  No

If yes, how frequently do you attend? \_\_\_\_\_

Why do you want to volunteer in this Caregiver Ministry? \_\_\_\_\_

\_\_\_\_\_

What do you consider your Spiritual Gifts to be? \_\_\_\_\_

\_\_\_\_\_

Would you be comfortable with a person with Dementia?  Yes  No

Would you be comfortable with a person on Hospice?  Yes  No

Would you be comfortable with a person  Male  Female

Would you be comfortable in a:  Home  Assisted Living  Skilled Facility

What of the following areas might you be interested in assisting a Caregiver with?

- Prayer  Phone calls  Sitter for brief periods of time  Deliver or prepare a meal
- Light housework/gardening  Minor home repairs  Provide transportation
- Arrange transportation  Pick-up/deliver groceries, prescriptions etc.
- Assistance in finding resources (lists will be provided)  Therapy dog visits
- Other \_\_\_\_\_