

Unity of the Valley

Angel Network Info & Resources

Name: _____

Address: _____

Phone numbers: (____) _____ (____) _____

Email address: _____

Availability:

Days Evenings Weekends Other (please give details):

Yes! I would love to help those in our church family in the following ways:

Hospital visit Yard and/or house-care One-time or emergency childcare

Home visit (homebound or recovering from surgery/illness)

Prepare and deliver a hot meal

Give someone a ride to/from medical appointments Ride to church

Do grocery shopping or pick up and deliver a prescription

Provide a temporary place for someone to stay (spare room or apartment)

Other resources/ideas to share: _____

Fill out the Form

Print to PDF in the print menu (to your desktop)

email it to sherrylady@comcast.net

Or Bring it in to the church office.