

# Woodlake Cares Request for Assistance Application

PLEASE PRINT

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

Name of person needing assistance: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Age: \_\_18-30 \_\_31-50 \_\_51-65 \_\_over 65

Best contact method: \_\_\_\_\_

**If this form is completed by someone other than recipient, complete the following -**

Name of Person Completing this Form: \_\_\_\_\_

Relationship to Person needing assistance: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Assistance Requested

	One time only	Daily	Weekly	Other
Transportation				
Meals				
Errands				
Grocery Shopping				
Pet Care				
Other				

Date(s) assistance required: \_\_\_\_\_ to \_\_\_\_\_.

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Care Recipient Agreement:** By signing below I acknowledge that I am not guaranteed that my needs can be accommodated. I further recognize that Woodlake Cares is a volunteer group of neighbors helping neighbors and I assume full responsibility related to the help I receive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email the completed form to [cares@woodlakecares.org](mailto:cares@woodlakecares.org)

or

click on **CONTACT US** at [www.woodlakecares.org](http://www.woodlakecares.org) and request a volunteer pick it up.

(Form revision: 3 Feb 2015)