

Bereavement Ministry Volunteer Form

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check the ways in which you would like to serve First Church and its members through participation with the Bereavement Ministry:

\_\_\_\_\_ I will serve on the Bereavement Team

\_\_\_\_\_ I will provide a home-cooked or store-bought dish when contacted

\_\_\_\_\_ No more than one time each month

\_\_\_\_\_ No more than one time every three months

\_\_\_\_\_ As often as needed

\_\_\_\_\_ I will serve refreshments and greet visitors at a reception at First Church

\_\_\_\_\_ No more than one time each month

\_\_\_\_\_ No more than one time every three months

\_\_\_\_\_ As often as needed

\_\_\_\_\_ I will \_\_\_\_\_ make telephone calls \_\_\_\_\_ send cards or notes following the service

\_\_\_\_\_ No more than one time each month

\_\_\_\_\_ No more than one time every three months

\_\_\_\_\_ As often as needed

Please return this completed form to the Church office. Thank you!