

DEACON RESOURCE FORM

Name: _____
Address: _____
Telephone/Cell Phone: _____
Email Address: _____

Please check the areas you are willing to be called on for help in assisting a deacon in serving the church body. A deacon or elder will contact you should a need arise in the area of your gifts. Please keep all service confidential.

- Providing meals
- Rooms available for temporary shelter/housing missionaries/guest speakers
- Storage for clothing closet items
- Visitation: hospital or shut-ins
- Phone calling
- Child care for those in need/emergency situations
- Physician care
- First aid/CPR certification
- Dental care
- Legal counsel
- Financial planning
- Job search or placement
- Transportation: to church, doctors' visits, grocery store, airport, etc.
- Moving: packing/unpacking
- Handyman/carpentry/plumbing/electrical/construction
- Lawn care/yard maintenance
- Church building needs:
 - set up and/or take down for services on Sunday
 - set-up for special programs
 - kitchen service and clean-up
- Other areas you or your family are willing to be of help or service: _____

Please feel free to further explain any of the items you checked above: _____

Please return this completed form to one of the deacons, elders, or place in the offering box.
Thank you for your willingness to serve our Lord Jesus and one another in love.