



104 Monroe Street Suite 2
Delta, Ohio 43515
Assisting the elderly and disabled to remain independent.
Since 1997.

Phone: 419-822-3556 Fax: 419-822-3924
<http://www.metalink.net/~handgrace>

VOLUNTEER OPPORTUNITIES

Please check all that apply where you desire to serve:

____ **Transportation:** Includes minimal assistance in and out of the vehicle, transportation to desired location and waiting during appointment. Does not include lifting. Transportation limited to previously agreed upon destination(s).

____ **Handicapped Accessible Vehicle Assistant:** Includes assisting driver with riders in HAV to appointments and return or to Adult Day Center and return.

____ **Hospital Call List:** Includes being added to the list of volunteers for Hands of Grace, the Fulton County Health Center or Archbold Hospital to contact for providing same day transportation for discharged patients to their home or other facility.
Circle: FCHC Archbold Both

____ **Respite Care:** A brief respite for the caregiver to rest, relax, run errands or have time for themselves while the volunteer stays with their loved one. Services may include listening, reading correspondence, preparing meal/snacks and friendship. Maximum 1-4 hours once a week.

____ **Home Repairs:** Repairs include maintenance and small repairs to building and property. Carereceivers will pay for and have on hand all necessary supplies needed to complete the work.

____ **TLC Phone Calls:** Brief telephone calls on a regularly scheduled basis to check on the carereceivers safety and well-being.

____ **Personal Care:** To be determined on a case-by-case basis.

____ **Meal Preparation:** Short term preparation of meals at carereceivers home, or preparation at and delivered from volunteer's home to carereceiver while recovering from surgery and/or hospital stay.

____ **Lunch for the Adult Day Care Center:** Meal preparation for the group at the ADC's, this can be done once a month or when ever available. Groups vary in size from 6-20 persons.

____ **Light Housework:** Which may include straightening up the house, vacuuming, cleaning of bath and kitchen area and/or doing laundry or ironing for those who are physically disabled and/or at the discretion of the Executive Director. Maximum 1-4 hours once a month.

____ **Shopping:** Includes grocery shopping, pharmacy pick ups, and/or other errands. Volunteer can assist by accompanying the carereceiver while he/she shops or the volunteer can do the shopping for the carereceiver. Carereceivers pay for all purchases. If volunteer is to do the shopping, a list along with payment for the items will be given to volunteer by the carereceiver. Upon return, assistance will be given with putting items away. A receipt of all purchases will be given to carereceiver.

____ **Friendly Visits:** Regular visits to carereceivers home for the purpose of conversation and companionship.

____ **Yard Work:** Any outdoor chores to maintain surrounding property. Such as: raking leaves, lawn mowing, weeding and/or snow removal.

____ **Personal Paperwork:** Assistance with business and financial matters such as: paying bills, completing medical insurance forms and/or completing applications for assistance of services. No financial advice is given.

____ **Adult Day Centers:** Assist in providing social interaction, stimulation and help with daily activities in a pleasant environment. Located in **Delta** at United Methodist Church -101 Northwood Dr, Monday, Wednesday & Friday; and in **Wauseon** at St. Casper Church -1205 N. Shoop, Tuesday. All centers are open 9:00 am to 3:00 pm.

____ **Office Help:** Assist with miscellaneous office duties such as: filing, computer entry, answering phones, making calls, mailings and other projects as they come up.

Revs'd 3/5/2010

