

2. Case Worker Requesting *

Brian Hogan

3. Is there a specific volunteer you'd like to complete this task? *

N/A

4. Client Phone Number *

UST Fidel BIMENYIMANA 469-251-6905

5. Client Name(s) or People Group *

NYIRAKAMANA, Immaculee (wife) /NGENDAHIMANA, Evariste (husband) + 4 children
(Congolese)

6. Client's Language *

Kinyarwanda

7. Age(s) of Client(s) Who Will Be Receiving Service *

Example: Can identify adults as "adult", but give specific age of child(ren)

NYIRAKAMANA, Immaculee (wife)
NGENDAHIMANA, Evariste (husband)
UWINEZA, Jeanne D'Arc (17)
MANISHIMWE, Fiston (11)
IRAGENA, Colombe (9)
IRAKOZE, Darlene (5)

8. Time of Service *

9. Does this require driving a vehicle? *

☒ Yes☐ No

10. Is this an airport pickup? *

☒ Yes☐ No

11. What is the flight information? *

12. Drop Off Address *

13. How many total clients will be transported? *

Please include the total number of car seats & identify if they are infant/toddler

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐

No

☒

3/23/2023 @ 8:15pm

15. How long will this task take from beginning to end? *

2 -3 hrs

16. If any, what materials will the client OR volunteer need? *

Please be specific, i.e.: if volunteer needs a file, where can they find it? If a client needs a document, where would it be located?

New Arrival Checklist

17. Important information *

Please explain the problem/situation that the client needs assistance with, including if the volunteer is expected to stay with the client or just drop them off

do apartment orientation
UST will be at airport