

2. Case Worker Requesting *

Luke English

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

Any

4. Client Phone Number *

(817) 724-1134

5. Client Name(s) or People Group *

Nefe Minyanya (Congolese)

6. Client's Language *

Swahili, French

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

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

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8. Time of Service *

8am

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

4405 Abbey Ct. #5803, Fort Worth, TX 76119

12. Drop Off Address *

1201 S Main St
Fort Worth, TX 76104

13. How many total clients will be transported? *

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

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14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 6/9/2023

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

2.5 hours

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?

ID, Medicaid card

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

Please pick up client from their home (contact them before, if possible, so they know to expect you), take them to the appointment and help them check in, and pick them up when they message you that they are finished with their appointment.