

2. Case Worker Requesting *

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

4. Client Phone Number *

5. Client Name(s) or People Group *

6. Client's Language *

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

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

8. Time of Service *

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

2309 Chelsea Dr. Apt #2004, Fort Worth, TX 76119

12. Drop Off Address *

JPS Family Health Clinic (4th floor)

13. How many total clients will be transported? *

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

1 adult.

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ April 7, 2023.

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

1 hour

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?

Medicaid, ID 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

Client can be dropped off. He might need help getting checked in, but volunteer does not need to stay with him the whole time.