

2. Case Worker Requesting *

Stuart Robinson

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

No specific volunteer

4. Client Phone Number *

817-884-7744

5. Client Name(s) or People Group *

Jolie Nyamagajo, Brillant Irakiza, Francine Nyamukobwa, Therese Nyahoza, Bukuru Sebasaza, and Ndabarishe Munyarugo.

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)

Five Adults + 1 Child (7)

8. Time of Service *

1-3 Hours

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

2301 Tudor Drive #4509, Fort Worth, TX 76119

12. Drop Off Address *

1101 South Main Street, 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

6 clients. No Car Seats needed.

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 03/17/2023 at 9:30am

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

1-3 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?

The clients will need to bring their travel documents and any previous vaccination records.

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

The child may have to go to Cook's Children's afterwards. If the volunteer cannot take them then Worker can take them another day.