

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 *

817-879-2784

5. Client Name(s) or People Group *

Nyirabarata Mukagaju, Celine Mutesi, Christian Ngaboyimanzi, Blaise Ganza

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)

Two adults, two children. 12 and 7.

8. Time of Service *

4pm.

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

4605 Minister Drive #3305, 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

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14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 03/24/2023 at 4pm

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?

Client will need to bring previous vaccination records + IDS

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

Volunteer can drop off the client and pick up later.