

Meal Ministry Team Information Sheet

Please return to Cindy Engelkes at Calvary.

Your contact information

Name _____

Phone - Please circle the number to try first.

(H) _____ (C) _____ (W) _____

Best time to call _____

*E-mail _____

*This will be the preferred method of contact.

I am willing to

Please check all that apply.

___ Prepare and deliver a meal to a family.
I am available to do this

Please check all that apply.

___ week days - circle best days M T W Th F
___ mornings ___ afternoons ___ evenings

___ weekends - circle best days Sat Sun
___ mornings ___ afternoons ___ evenings

___ In addition, I am willing to spend an hour or so visiting with the recipient.

___ Prepare entrées and bring to church to be frozen.

___ I cannot help at this time.