Care Team Application

Date:	
Name:	
Soldier's Name:	Troop:
Address:	Home Phone:
	Cell Phone:
	Other Phone:
Email Address:	
Care Team Support – ma SQDN Care Team Positions Please check which role you fee being your highest interest. Homecare Assistance (To Assess household Maintain a list of Communicate wi Keep records on	d needs (i.e. groceries, bills, errands) notes and questions th Rear D Commander and Care Team Coordinator
 Call Support Screen calls and second calls. Assist family in its schools, friends, 	visitors according to family's wishes g of calls and messages dentifying people who should be contacted (relatives, employers, neighbors, etc) and support them as they make the calls dule family appointments as needed
	children (medical issues, schedules/games/practices) e in the family's home

- Coordinate outside childcare as needed
- Identify friends and family who can support children
- NOT responsible for notification-but be aware of what each child was told
- If the family has no children you will still be called upon to assist the other volunteers

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Care Team Support Positions

Please check which role you feel comfortable with. If more than one interests you, please rank with "1" being your highest interest.
 SQDN Meal Coordinator Maintains a list of Meal Support Volunteers Coordinates/provides meal Communicates with Care Team Leader regarding allergies, meal times, and food variety Centralizes meal delivery
 Meal Support Provides disposable dishes when available and as needed Include heating/refrigeration instructions for each meal item Provides a list of ingredients for each meal items if able Communicate with SQDN Meal Coordinator to coordinate meal delivery
 Meal Delivery Is the sole person to deliver meals to the family so there are not multiple people at the home Coordinates with the SQDN Meal Coordinator for meal delivery
Childcare SupportProvides childcare for Care Team Members (in your home)
Please briefly describe why you would like to participate in the role/service that you selected:
Please list any medical problems or issues that would keep you from functioning in an intense situation or setting.
Have you personally lost a loved one recently or received counseling for loss? If so, please briefly describe you situation and ongoing healing:

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What services are you NOT comfortable providing?
Are you comfortable taking care of pets?
Pets you are comfortable with
Pets you are NOT comfortable with
List any other languages you speak besides English
Are you trained, licensed, certified in a specific area or skill?
Do you have any questions or thoughts you would like addressed?

Please contact the Care Team Coordinator <u>careteam3 61cav@yahoo.com</u> to obtain a Volunteer Description and sign a Confidentiality Statement. Thank you again for you willingness to help our Destroyer families!