



PALM HARBOR
United Methodist Church

Helping Hands Ministry- Request Form

(Please Print Legibly)

Date: _____

Requestor Name: _____

Phones: Home: _____ **Cell:** _____ **Work:** _____

Email Address: _____

Recipient Name: _____

Address, City, ST, Zip: _____

Phones: Home: _____ **Cell:** _____ **Work:** _____

Work requested: _____

Is this an emergency request: Yes / No (Circle One)

Official Use Only (DO NOT WRITE BELOW THIS LINE)

Initial Review / Recommendation: _____

Initial Site Visit / Work Assessment: _____

(Notes about materials needed, cost of materials, homeowners contribution to costs, etc.)

Site Schedule: _____

Volunteers: _____

Work completion: _____

Number of Volunteers / Total Time Spent on project: _____

Cost Statement: _____

ALL requests are welcome!!! Each request will be reviewed by the Coordinator to determine whether the request falls within the guidelines of the Helping Hands Ministry.