

View results

Respondent

133 Anonymous

07:20

Time to complete

1. What are you requesting? *

- Case Aide
- Essential Opportunity
- Friendship Partner/Conversation Partner

Essential Opportunity Request

2. Case Worker Requesting *

Meg

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

No

4. Client Phone Number *

(682) 362-7041

5. Client Name(s) or People Group *

Abdul Ghafori

6. Client's Language *

Dari, but they speak English fluently

7. Age(s) of Client(s) Who Will Be Receiving Service *

Example: Can identify adults as "adult", but give specific age of child(ren)

1 adult and 2 children, ages 7 and 4

8. Time of Service *

10 am

9. Does this require driving a vehicle? *

Yes

No

10. Is this an airport pickup? *

Yes

No

11. Pick Up Address *

Tuscany apartments - 7674 Courtney Oaks Dr, Apt 3058, Fort Worth, TX 76112

12. Drop Off Address *

MLK Community Center, 5565 Truman Drive, 76112

13. How many total clients will be transported? *

Please include the total number of car seats & identify if they are infant/toddler

3 - need two booster seats

14. Is this request for a specific date? *

Please enter date & time into the "other" section

No

7/11 at 10 am

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

2-3 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?

clients need vaccination records for children

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

This is for the Pediatric Mobile Vaccine clinic. There are two children needing school vaccines. One parent will also come. They are a really nice family :)