Gabriel Project Volunteer Information

Name __________________________________________________________
Address ________________________________________________________
City/Zip ___________________________ __________________________
Phone __________________ or __________________________
Email _________________________________________________________
Parish __________________________________________________________

I am interested in:
___ being a Parish Coordinator
___ being an Assistant Parish Coordinator
___ being an Angel  ___ being an Auxiliary Angel
___ being an Assistant Angel
___ being a Spanish translator for Angels and Spanish-speaking Moms
___ providing temporary housing
___ providing financial support
___ cooking, shopping, baby-sitting
___ providing transportation to church, shopping, doctor’s visits, errands, etc.
___ knitting or crocheting receiving blankets, booties, quilts, etc.
___ providing diapers or formula
___ helping with parish Baby Showers
___ professional counseling (financial ____, psychological ____ ,medical ____ , other ____)
___ providing (or helping to find) employment
___ assisting with finding educational opportunities
___ other means of assistance:
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______________________________________________________________________