

Neighbor Referrals

iServe Saturday: A ministry of Killearn United Methodist Church

The information requested below will be provided to the iServe Leadership Team for evaluation. It will not be shared beyond those who need to see it in order to determine if this need can be met by the iServe ministry. Requests may be referred to other agencies that can assist with the need described. (Please print)

Neighbor who needs our help

Neighbor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

Additional contact information

Caregiver name (or other contact): _____

Phone: _____

E-mail or other contact information: _____

Relationship to neighbor: _____

Project or need description

Description of need: _____

Describe special factors (age, disability, financial need): _____

Other pertinent information: _____

Contact information for person making the referral

Referring person name: _____

Signature: _____

Date: _____

Phone: _____ e-mail: _____

Do you wish to remain anonymous? Yes: _____ No: _____

Provide this form to the church office by mail, fax, hand delivery, drop it in the offering plate, or e-mail iServe Committee Leader.

iServe Saturday
Killearn United Methodist Church
2800 Shamrock South
Tallahassee, FL 32309

Fax: 850-668-5709

Email: John Cousins – iServe Leader at
jmc57ipd@msn.com

Thanks for your help in identifying the needs of our neighbors!

Upon approval and completion of the above named project we would appreciate your feedback on our survey questionnaire in order for us to better serve our community in the future.