

HAT Member Exploration Form

This is a simple way you record the interest congregation members might have in joining HAT work.

Name: _____

Preferred Contact(s) (phone/email):

I would prefer the following:

Ages:

- 18 or under
- 18-30
- 30-45
- 45-65
- +65
- no preference

Situation:

- can assist temporarily
- can assist sporadically
- can assist long term

Relationship:

- someone I worship with or know
- someone I don't know

Preference of Service:

(rank 1 as greatest, 5 being least)

- direct care
- team resource person
- team coordinator
- prayer person
- other (please specify on back)

My initial thoughts about HAT involvement:

Others I know that might be interested:

HAT Member Data & Skills Form

Name: _____

Preferred Contact(s) (phone/email):

Availability: *What are the best days, times for you to help?*

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Strengths/Weaknesses: *Where do you fit in when it comes to the following areas?*

Dealing with:	Terrific	Good	Fair	No Way
Making Meals				
Friendly Visit				
Hospital Visit				
Organizing				
Shopping				
Talking on Phone				
Driving				
Writing Notes				
Making a Budget				
Filling Out Forms				

Indicate other interests on the back of this form.

HAT Covenant

HAT partner agrees to...

I understand that HAT members are volunteering their time without financial compensation. HAT members can assist and support me based on my needs, agreed upon goals and expectations, as well as their time availability and skills.

I understand that my HAT members may be able to assist me in such areas as practical, emotional and spiritual support.

I understand that my Homeless Assistance Team has received training and support that is appropriate to their tasks.

HAT members do not provide financial assistance. This includes loaning or giving me money or paying bills. They may help refer me to other resources of which they are aware of.

HAT members do not provide direct medical care.

In order for my HAT members to best assist me, I will do my best to be clear and honest regarding my needs and situation and to notify my team as far in advance as possible regarding my needs.

I will make a good effort to use this opportunity to improve my life in a meaningful way.

I understand that I may stop using a HAT if I choose at which time I will notify my HAT coordinator.

I give permission to share information about myself with members of my team. I understand that personal information will be held confidential unless required by law or conscience.

Name: _____

Signature: _____

Date: _____

HAT Covenant

HAT member agrees to...

I understand that I am volunteering my time without financial compensation. I understand that I can assist and support the HAT partner based on needs, agreed upon goals and expectations, as well as my time availability and skills.

I understand that I may assist my HAT partner in such areas as practical, emotional and spiritual support.

I have received training and support that is appropriate to our tasks.

I will not provide financial assistance. This includes loaning or giving money or paying bills. I may help refer my HAT partner to other resources of which I am aware of.

I will not provide direct medical care.

I will do my best to be clear and honest regarding my time availability and skills and to notify my team as far in advance as possible when my availability changes.

I will pray often for God's blessing upon the life of my HAT partner.

I understand that I may resign from a HAT team if I choose at which time I will notify my HAT coordinator.

I will respect the confidentiality of information concerning my HAT partner and team members. If in conversation something is shared with me and I am asked to keep the information confidential, I will—unless required by law or conscience—keep that confidence and not reveal to others what has been shared with me.

Name: _____

Signature: _____

Date: _____