Appendix C: Family, Friends, and Co-Workers House-Cleaning
Sign-up Sheets

__________________ is under-going medical treatment and her family, friends, and / or co-workers are being asked to help out by having someone clean her house twice a week. Please sign up if you are able to help clean.

Her Address: ____

Her Phone: ______________________________

Beginning Date: ___ / ___ / ______ Last Date: ___ / ___ / ______

Date	House Cleaning Volunteer	Date	House Cleaning Volunteer