



The Guardian Angels Ministry is designed to continue relationships with and offer support to college-aged students who are a part of the BRPC extended family. Each student is linked with an individual, family, or group from the church who becomes that student's angel for the school year.

What does an Angel do? As an angel, you will have the chance to develop a relationship with a student by sharing information about yourself and learning about them. You will send notes of encouragement, texts, emails, and/or care packages with little gifts from the heart. Each interaction will remind your student that our church family is praying for and thinking about him/her. The goal of the program is for the students to receive monthly interactions from October – May.

How do I become a Guardian Angel? Please fill out the front of this form with any special requests. You can do this as an individual, as a family or as part of a group.

How do I register my child to participate? Please fill out the student information sheet on this form with as much detail as possible to assist the Guardian Angel in reaching out to your child with personalized attention.

Where do I return the form? Please return to Cathi Reckenbeil through the offering plate or to her church office mailbox. If you prefer, you may call or email Pam Meyers with the information from the form. (see below)

I have more questions: Please contact Pam Meyers at pamelagmeyers@gmail.com or 908-766-4785 with any questions.

Thank you for your support of this BRPC ministry.

Sincerely,
Pam Meyers, Wendy Canary, & Cathi Reckenbeil

Guardian Angels 2018– 2019 School Year

Yes, I would love to be a Guardian Angel!
(Please fill out information below)

Yes, I would like my college-aged student to be part of this program! (Please fill out information on the other side of this form.)

Please call me with more information on the program.

Name: _____

Phone: _____

Guardian Angel Volunteer

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Please assign me this student: _____

Please assign me any student.

2018 - 2019
Guardian Angel Program
Student Information Sheet

Student Name: _____ **Cell Phone:** _____

School or Other: _____

Mailing Address: _____

E-Mail Address: _____

Major in School: _____ **School Year** _____

Room Colors/School colors: _____

Hobbies: _____

Interests: _____

Extra-Curricular Activities: _____

Other information that will help your Guardian Angel be the best Angel (the more the better): _____

Favorites: _____

Foods: _____

Food Restrictions/Allergies: _____

School breaks: _____

Exam dates: _____

Other important dates: _____

Birth date: _____

Your Parent's, Guardian's or Mentor's Name: _____ **Phone:** _____

E-mail: _____