



The Knights Shield



19 March 2029

Dear Parishioner,

As you know this Coronavirus presents many challenges to our community. One of the challenges is to limit exposure to our parishioners that may be at 'HIGH RISK'. So in an effort to shield our parishioners from this disease the Knights Council 8086 is offering a delivery service to our parishioners that are "high risk or quarantined". This program is of no cost and is limited into delivering essentials from such places as the food store and/or pharmacy.

We are now establishing a delivery force to shop and establishing delivery times to provide maximum support we can. We will be categorizing our help request into three categories. Category 1 – parish elderly people (over60) that are "High Threat" and people that are "Quarantined". Category 2 – people that have a need but are not deemed as Category 1. Category 3 – people that requested help. Help is offered only after Category 1&2 people requirements are filled and if our Knights Shield is capable.

We are working now to fully develop the system, but first we need to explore what the need is in our parish. Please fill out the attached questioner and return by email, US mail, call or hand deliver to our parish office at the following contacts:

**Knights Shield Council 8086, 4675 S. Clyde Morris Blvd. Port Orange, Florida
32129 Telephone (386) 788-6144 or contact Dr. Ernest Jackson for more info at
50chevypickup@gmail.com.**

Also please understand that it would be very helpful if parishioners have a payment method established or can establish a payment method with food stores and pharmacies. For both our protection Knights want to avoid handling money, credit cards, etc. as much as possible. Also know that our knights are preforming this activity out of charity and will not be held liable.

Please see our web site www.knights8086.com to get the latest info on The Knights Shield.

Sincerely,

**SK Ernest Jackson
Knights Shield Chairman**



The Knights Shield Questionnaire



PLEASE PRINT – if we cannot read this info then your help may be delayed!

Date submitted _____

Name _____

Address

Phone _____ **email** _____

Your Gender & Age _____

Gender & Ages of people I live with _____

Have you been exposed to the virus _____ **Are you Quarantined?** _____

Do you have the following medical history?

Respiratory challenges:

Chemotherapy:

Immune system challenges:

Diabetes:

Does anyone living with you have the following medical history?

Respiratory challenges:

Chemotherapy:

Immune system challenges:

Diabetes:

Do you use food stamps _____?

Your Pharmacy: address/phone _____

Your food store: address _____

As we establish this program someone will be in contact with you within 3 days. Emergencies call the church office Knights Shield Council 8086, 4675 S. Clyde Morris Blvd. Port Orange, Florida 32129 Telephone (386) 788-6144 .