





**TMOMC** depends on its members each year to **volunteer** in a variety of ways to ensure we carry out our goals and meet the needs of our members and their families. Each committee has a chairmom who reports directly to a board member, a committee of members working together in each area is our goal. There are many ways to help-- both large and small, some one-time efforts, (i.e. a party), others on-going, (i.e. welcoming committee). Volunteering is a great way to get involved and meet other moms! All members are needed to help in some way. Please check the main area and/or any areas in which you have an interest in helping this year.

- \_\_\_\_\_ **Welcoming** (New and Expectant mom meetings, bi-annual brunches, door greeters, meeting set up, nametags)
- \_\_\_\_\_ **Social** (Playdates, children's parties, Meeting Refreshments, meeting set up, Mom's Night Out)
- \_\_\_\_\_ **Ways and Means** (Tag Sales, Raffles, Auctions, t-shirts & tote bags) \_\_\_\_\_ **Secret Sister**
- \_\_\_\_\_ **Newsletter** \_\_\_\_\_ **Meals for Moms** (Delivers meals to moms who have recently delivered)
- \_\_\_\_\_ **Helping Hands** \_\_\_\_\_ **Sunshine** (sends cards and remembrances) \_\_\_\_\_ **Publicity**
- \_\_\_\_\_ **Historian** (take photos at club functions, update scrapbooks, and bring scrapbooks to meetings to share)
- \_\_\_\_\_ **Telephone/Email Tree** (make phone calls to members when needed)

**BIG SISTER/LITTLE SISTER**

The club would like to match mothers of multiples with new or expectant moms. Big Sisters would offer support and valuable advice on caring for multiples.

**Yes, I would like to HAVE a Big Sister contact me!**  **Yes, I would like to BE a Big Sister & offer my support!**

**DATABASE-RESEARCH INFORMATION**

*(This is optional but please note that is kept confidential for the club database only.) Please use the back of this form if you need more space to write.*

1. At what week did you learn you were expecting multiples? \_\_\_\_\_
2. Did you experience complications? \_\_\_\_\_ If so please list? \_\_\_\_\_
3. Were you on bedrest? If so how long? \_\_\_\_\_
4. At what gestation week were they born? \_\_\_\_\_
5. Your age at their birth? \_\_\_\_\_ 6. Where did you deliver? \_\_\_\_\_
7. Type of delivery (circle) Vaginal C-Section Both
8. Birth weights A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_
9. Did babies go home with you? \_\_\_\_\_ or have a NICU stay; if so how long? \_\_\_\_\_
10. Did you breastfeed? If so how long? \_\_\_\_\_
11. Are you a multiple? \_\_\_\_\_ What type? \_\_\_\_\_ 12. Do have a family history of multiples? \_\_\_\_\_
13. Did you have fertility treatment? If so what kind? \_\_\_\_\_
14. Are your multiples placed in class together at school? \_\_\_\_\_
15. If no, have they been placed together previously? \_\_\_\_\_
16. What was the outcome? \_\_\_\_\_
17. Are you employed outside the home? \_\_\_\_\_ If so Part time or Full time? \_\_\_\_\_  
Occupation (current or past): \_\_\_\_\_

**MEMBER-TO-MEMBER RESOURCE LIST**

If you would like to be connected with a member who has experience with any of the following subjects, please place a **check** by the resource you **would LIKE** info on. If you would be willing to share your experience with others, please place an **"X"** by the subject you have information to share. Your name will be included in the list maintained by the resource coordinator in the event other members ask for help. These lists are for members only.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bedrest                             | <input type="checkbox"/> Magnesium Sulfate              | <input type="checkbox"/> Single Mom                     |
| <input type="checkbox"/> Bereavement                         | <input type="checkbox"/> Military – Active Duty         | <input type="checkbox"/> Speech/Language Delays         |
| <input type="checkbox"/> Beta Methazone                      | <input type="checkbox"/> Military Spouse                | <input type="checkbox"/> Tocolytics (Terbutaline, etc.) |
| <input type="checkbox"/> Bronchial Pulmonary Dysplasia (BPD) | <input type="checkbox"/> NICU Stays                     | <input type="checkbox"/> Toxemia/Preclampsia            |
| <input type="checkbox"/> Breast-Feeding                      | <input type="checkbox"/> Positional Placoecephaly       | <input type="checkbox"/> Nannies                        |
| <input type="checkbox"/> Career Mothers                      | <input type="checkbox"/> Post-Partum Depression         | <input type="checkbox"/> HELLP Syndrome                 |
| <input type="checkbox"/> Cerclage                            | <input type="checkbox"/> Premies before 26 weeks        | <input type="checkbox"/> IVF                            |
| <input type="checkbox"/> Developmental Delays                | <input type="checkbox"/> Premies 26-32 weeks            | <input type="checkbox"/> Reflux                         |
| <input type="checkbox"/> Early Intervention                  | <input type="checkbox"/> Premies 32+ weeks              | <input type="checkbox"/> School age multiples           |
| <input type="checkbox"/> Feeding Issues                      | <input type="checkbox"/> Pregnancy Induced Hypertension |   |
| <input type="checkbox"/> Gestational Diabetes                | <input type="checkbox"/> Respiratory Virus (RSV)        |   |