



Helping People Help Themselves

40 Mechanic Street  
Suite 100  
Marlborough, MA 01752

Carol Manne  
President & CEO

## VOLUNTEER FACT SHEET

Date: \_\_\_\_\_

### **Personal Information**

<u>Name (last name first):</u>			<u>Social Security No:</u>
<u>Present Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Alternative Mailing address:</u>	<u>City</u>	<u>State</u>	<u>Zip Code:</u>
<u>Phone Number:</u> ( ) - - Cell: ( ) - -	<u>E-Mail Address:</u>		
<u>Emergency Contact</u>	<u>Address &amp; Phone</u>		

### **VOLUNTEERING FOR**

<u>Position:</u>	<u>Date You Can Start?</u>
<u>Time you can dedicate to volunteering:</u>	<u>Days, Nights, Weekends?</u>
<u>Have you ever been a volunteer before, with which organizations?</u>	

### **References**

<u>(Give the names of three people not related to you, whom you have known at least one year.) Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Dedicated to promoting the personal growth, dignity and acceptance  
Of people with developmental disabilities

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