

Application to Volunteer

Please print out this form, fill it in, and mail it to:

Office of Citizen Leadership
Department of Developmental Services
500 Harrison Avenue, Boston, MA 02118

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

To help us direct your application where volunteers are needed, please check all criteria to all that apply you. This section is optional.

Person with a cognitive disability

Family member/guardian

Friend, neighbor, or interested community member

Medical professional

Attorney, paralegal, or law student

Psychologist, or master's level practitioner with related expertise

Clergy

Would you like to identify yourself as a member of a particular racial or ethnic group?

Particular interests (employment, self advocacy, aging, etc.)

Related experience:

Preferred participation: (please check all that apply)

- Citizen Advisory Board
- Complaint Resolution Team
- Human Rights Committee
- Survey and Certification
- Other (please specify) (Fill in Below)

Accommodations needed (check all that apply)

- Sign Language Interpreter
- Other language interpreter _____
- Wheelchair access
- Help with transportation
- Help with reading
- Help understanding material
- Other (please specific) _____

To receive a "Make a DDS Difference" booklet on Volunteer Opportunities, for more information, please contact:

The DDS Office of Citizen Leadership
500 Harrison Avenue
Boston, MA 02108

(617) 727-5608
(888) 367-4435 (toll free)
(888) 367-4435, ext. 7590 (TTY)
(617) 624-7577 (fax)