



a Bridge to Quality Care

Massachusetts Long-Term Care Ombudsman

Massachusetts Long Term Care Ombudsman Volunteer Application

First name: _____

Last name: _____

Street: _____

Street 2: _____

City/Town: _____

State: _____

Zip Code: _____

Phone number: _____

Email address: _____

Return this form to: carolyn.m.fenn@mass.gov