



American Parkinson Disease Association Massachusetts Chapter

Volunteer Application

Name: _____

Street Address: _____

City: _____ State, Zip: _____

Phone: _____

Email Address: _____

Preferred Contact Method (please circle one): Email Phone

Jobs (please circle all of the following jobs that interest you)

Bulk Mailing

Data Entry

Fund-raising

General Assistance

Marketing

Newsletter Production

Photography

Public Awareness

Publicity

Registration

Special Projects

If you have skills that are not listed above that you feel would be beneficial to the chapter, please include this information below.

Additional Information:

Thank you!