



Volunteer Registration

*"I do not know what your destiny will be, but the one thing I do know the only ones among you who will really be happy are those who have sought and found a way to serve."
- Albert Schweitzer*

Name _____

Date _____

Address _____

Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

Place of Work _____

Work Phone _____

Special Training or Skills _____

Current or Prior Work Experience _____

Previous Volunteer Experience _____

Areas of Interest

Board of Directors _____

Finance Committee _____

Fundraising _____

Mailings _____

Special Events _____

Make Phone Calls _____

Clothing Donations _____

Holiday Giving Program _____

Thank you!
The Staff of the Dianne DeVanna Center
For Building Stronger Families

Please mail this form to:
Dianne DeVanna Center
74 Pond St.
Braintree, MA 02184