



## Volunteer Opportunities Posting Request

Genzyme Corporation \* 500 Kendall Street \* Cambridge MA 02142 \* Fax 617-768-9926

*Instructions: Please complete this form and submit to [volunteer@genzyme.com](mailto:volunteer@genzyme.com) or fax to number above. If appropriate, this opportunity will be posted for Genzyme Employees. Volunteers will be instructed to contact organization directly if interested. Postings may be edited and/or posted at the discretion of Genzyme Community Relations.*

<b>Request Date:</b>		<b>Organization Name:</b>	
<b>Tax ID Number:</b>		<b>Street Address:</b>	
<b>Date of Activity/Event:</b>		<b>City, State, ZIP:</b>	
<b>Phone:</b>		<b>Contact Name:</b>	
<b>Fax:</b>		<b>Title:</b>	
<b>Web Address:</b>		<b>Contact Email Address:</b>	
<b>How did you hear about this posting?</b> Please circle one.	Referred by Employee _____ Referred by non-Genzyme colleague _____ Genzyme Community Relations Staff    Search Engine on Genzyme.com    Other _____		
<b>Volunteer Project Title:</b>			
<b>Volunteer Project Description:</b> <small>(100 words or less; Genzyme reserves the right to edit for space and content)</small>			

**Please classify your request by checking the appropriate boxes below:**

Type of Opportunity	Time Commitment	Training	Geographical Focus
Please mark all that apply: <input type="checkbox"/> Mentoring <input type="checkbox"/> Tutoring <input type="checkbox"/> Reading Program <input type="checkbox"/> Board Membership* <input type="checkbox"/> Fundraising Event <input type="checkbox"/> Other _____  <small>*Please include:            -Organization charter            -Current list of board members            -Commitment            -Requirements            -Latest Annual Report</small>	Please select one:  <input type="checkbox"/> One time event: total hours _____ time of day _____  <input type="checkbox"/> Weekly _____ (please state # wks)  <input type="checkbox"/> Monthly ___ days/mo.  <input type="checkbox"/> Ongoing	Is volunteer training required? <input type="checkbox"/> No <input type="checkbox"/> Yes  If Yes, please indicate:  Date(s) _____  Time _____  Location _____  Contact _____	<input type="checkbox"/> U.S.: Provide City/State  _____  <input type="checkbox"/> International: List City/Country):  _____

### Genzyme Use Only

<input type="checkbox"/> Synapse	<input type="checkbox"/> Local CR	<input type="checkbox"/> Entered _____	
<input type="checkbox"/> CRN	<input type="checkbox"/> Global CR	<input type="checkbox"/> Posted _____	