



## 2025 Company Description Form

Please fill out the information below and return to [info@MAD4P.org](mailto:info@MAD4P.org)  
This information is what will appear on your webpage on our website.

Volunteer Contact Person: \_\_\_\_\_

Your Organizations Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you require an electrical outlet? YES \_\_\_\_\_ NO \_\_\_\_\_

What is your Organizations Mission Statement? (100 words or less) \_\_\_\_\_

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We are seeking volunteers as follows: \_\_\_\_\_

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\_\_\_\_\_

Are there age limitations? Teens and or Families? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please save this form and attach it to an email. Send to [info@MAD4P.org](mailto:info@MAD4P.org)