



## Community Partnership Application Form

Thank you for choosing to partner with Lifeworks, Inc. Please fill out some information about your organization and your envisioned partnership with us. We're eager to learn more about your goals and explore potential ways we can work together.

**Organization Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Position** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mission and Vision:** Briefly describe you organization's mission and vision

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your organization align with our mission and goals?

\_\_\_\_\_  
\_\_\_\_\_

**Type of Partnership:**

70th Anniversary Year Sponsor

Financial Support

Collaboration on a Program/Event

Employment Opportunity

Other (Please specify) \_\_\_\_\_

Desired duration of the partnership \_\_\_\_\_

Lifeworks will hold this information completely confidential. If you have any questions or concerns about becoming a Community Partner, Please contact Dawna at 781-234-1304 [dgyukeri@lifeworksarc.org](mailto:dgyukeri@lifeworksarc.org)