

**Paul V. Sherlock Center on Disabilities  
Sentinel Project**

**SIGN UP FORM**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Provide one of the following:**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Best time to contact you:**

\_\_\_ morning

\_\_\_ afternoon

\_\_\_ evening

**Preferred method of contact:**

\_\_\_ phone \_\_\_ email

**Affiliation:**

\_\_\_ Individual with a disability

\_\_\_ Family member of a person with a  
disability

**By Mail or Fax:**

Complete and send the Sign Up Form to:

Jenny Goodrich, Sentinels Facilitator  
Paul V. Sherlock Center on Disabilities  
Rhode Island College  
600 Mt. Pleasant Avenue  
Providence, RI 02908

(401) 456-8150 Fax

**The Sentinels Facilitator will confirm your membership and provide information on meetings and activities.**