



Date of Application _____

~~~ Membership Application for 2010 - 2011 ~~~

~ New Member ~ Current/Renewing Member ~ Returning/Past Member

*If you are a current or returning member, please note the year of your original membership*

**Individual Information: (Please complete all fields.)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

List any other professional organizations to which you belong

\_\_\_\_\_  
Name and Title of your supervisor

Do you currently have direct and continuing responsibility for your volunteer program? ~ Yes ~ No  
If you answered "no," please give name and title of the person responsible for coordinating the volunteer program, or indicate the reason for your special interest in the field of volunteer management.

How long have you worked in volunteer administration, either in a paid or unpaid role? \_\_\_\_\_

What percent of your time is spent with volunteer administration (i.e. planning, recruiting, orienting, evaluating, and recognizing volunteers) as your primary responsibility? \_\_\_\_\_

How did you learn about MCDVS? \_\_\_\_\_

Education (include college, special courses, certifications etc.)

\_\_\_\_\_  
*MCDVS is a vibrant association, setting the standard of excellence for state-of-the-art volunteer administration. As such, we commit to promote and strengthen the field of volunteer administration and the skills of volunteer management professionals through collaboration, support, education, and leadership development. For more information, visit [www.mcdvs.org](http://www.mcdvs.org).*

Nku'cp{ 'ur gekn'lunkm. 'tcklpi . 'qt'lpvgt guu' \*kq0hwpf tclupi . 'i tcpv'y tkkpi . 'gve0"  
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**Organizational Information:**

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Ctg" {qw'xqmpvggtu'r tko ctkn' { 'uwr' gpf "qt'pqp/uwr' gpf Aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "  
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J qy "o cp{ 'r ckf 'uwh' cpf lqt "xqmpvggtu'f q" {qw'uwr gtxkug Aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa "  
"

Y j cv'v' r g'qh'cuukcpeg'y qwf " {qw'rkng'htqo 'O EF XU' cfp 'ku'o go dgtu'A  
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**Council Participation:**

- O EF XU' gpeqwtci gu'cm'o go dgtu'v' "cev'xgn' {r'ct'v'ekr' cvg'cu'c'o go dgt'qh'cv'rgcuv'ppg'eqo o kwgg0Rngcug'lpf'kecvg"  
vj qug'eqo o kwggu'qp'y j lej " {qw'ctg'y knkpi "v'ugt'xg0, "
- ~ Cppwcn'O ggkpi "
- ~ Eqo o wplecvkqp"
- ~ Ngi kur'v'kqp"
- ~ O go dgt 'T getwko gpv'
- ~ O go dgt "Ugt'x'k'egu"
- ~ Rtqhgukqpcn'F g'x'gn'r o gpv'
- ~ Rtqi tco "
- ~ Ur gekn'Rtqlgeu' \*kq0k'p'v'g't'p'g'v't'gugctej +"

O EF XU'D { /Ncy u'tgs wkt'g'vj cv'vj g'P qo lpcv'kpi "Eqo o kwgg'dg'eqo rtkugf "qh'vj tgg'o go dgtu'htqo 'vj g'i gpgtcl'  
o go dgtuj kr 'cpf 'y q'Dqctf 'o go dgtu'0Ctg" {qw'y knkpi "v'ugt'xg'cu'c'o go dgt'qh'vj ku'i tqw A, " [ gu' P q"  
"

Ctg" {qw'lpvgtgugf 'lp'c'ngcf gtuj kr 'tqng' \*gd 0'Dqctf 'ej ckt. "qh'leg' +y kj 'vj g'EqwpekA, ""  
~ [ gu' P q"  
"

Ctg" {qw'lpvgtgugf 'lp'r'ct'v'ekr' cvkpi "cu'cp'O EF XU'tcklpgt'qt'r'tgugpvtA, " [ gu' P q"  
"

Ctg" {qw'lpvgtgugf 'lp'r'tqxf'k'kpi "qpg/vq/qpg'cuukcpeg'v'c'eqm'gci w'g'cu'cp'O EF XU'o gpvqtA, ""  
~ [ gu' P q"

*\* Indicating your willingness to serve in this capacity does not confirm your involvement. A member of the Board will contact you to discuss these options in greater detail.*

**Please send your application and payment to  
Shannon Walsh, Treasurer for MCDVS.**

**Shannon Walsh  
Manager of Volunteer Services  
Sheppard Pratt Health Systems  
6501 N. Charles St  
Baltimore, MD 21285  
410-938-4852  
swalsh@sheppardpratt.org**