



Date of Application \_\_\_\_\_

~~~ Membership Application for 2011- 2012 ~~~

**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).*

List any special skills, training, or interests (i.e. fundraising, grant writing, etc.)

---

---

***Organizational Information:***

How many volunteers do you have in your program? \_\_\_\_\_

Are your volunteers primarily stipend or non-stipend? \_\_\_\_\_

How many paid staff and/or volunteers do you supervise? \_\_\_\_\_

What type of assistance would you like from MCDVS and its members?

---

***Council Participation:***

MCDVS encourages all members to actively participate as a member of at least one committee. Please indicate those committees on which you are willing to serve. \*

Annual Meeting

Communication

Legislation

Member Recruitment

Member Services

Professional Development

Program

Special Projects (i.e. internet research)

MCDVS By-Laws require that the Nominating Committee be comprised of three members from the general membership and two Board members. Are you willing to serve as a member of this group? \* Yes No

Are you interested in a leadership role (e.g., Board chair, officer) with the Council? \*  
Yes No

Are you interested in participating as an MCDVS trainer or presenter? \* Yes No

Are you interested in providing one-to-one assistance to a colleague as an MCDVS mentor? \*  
Yes No

*\* 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***