

**“Friends of the Foundation”
Volunteer Registration Form**

Name: _____

Address: _____

Phone/TTY: _____

Email Address: _____

Education & Professional Affiliations

High School: _____

College: _____

Extra Curricular Activities: _____

Employer: _____

Position: _____

Volunteer Information

Have you done any previous volunteer work? Please describe the kinds of projects and assignments you have worked on and for what organizations.

Our volunteers are offered a variety of assignments, including administrative support, special event promotions and staffing, community awareness events, etc. Do you have knowledge or expertise in the following? If yes, please circle:

Research	Typing/Clerical	Art/Design
Editing/Proofreading	Computers/Database Management	
Computers/Spreadsheets	Photography	
Sales/Sponsorships	Computers/Word Processing	

Do you know American Sign Language? Circle: YES NO

How did you learn ASL? Circle: Family Friend High School College Other

If you took ASL in School, what is the highest level completed?

Circle: I II III IV V VI

Are you available to volunteer on a regular basis (10-20 hours per month)? Circle: YES NO

Are you available for Special Events? Circle: YES NO

Have you previously volunteered for the MSD Foundation? Circle: YES NO

If yes, please give a brief description of your volunteer project.

Have you previously volunteered for the Maryland School for the Deaf? Circle: YES NO

If yes, please give a brief description of your volunteer project.

FUND-RAISING COMMITTEE: Please check: YES NO

Duties to include, but not limited to, attending fundraising meeting, cultivating corporate sponsorships, volunteering at fundraising events, etc.

Additional Skills/Information:

Please return completed form to:

MSD Foundation
ATTN: Gwena West
PO BOX 636
Frederick, MD 21705

Or email completed form to Gwena West at gwena.MSDF@comcast.net