

**Volunteer Center
For Anne Arundel County**

Non-Profit Organization Registration

Name of Organization _____
Address _____
City/State/Zip _____
Phone _____ Fax _____ TDD/TTY Line _____
E-Mail _____ Web Site _____
Executive Director _____
Volunteer Coordinator _____
Phone _____ Fax _____
E-mail _____

Your Mission Statement: *(please attach if needed)*

Can you use families as volunteers? yes ___ no ___ Groups? yes ___ no ___

Please check all focus areas where you use volunteers:

- | | | |
|--|---|---|
| <input type="checkbox"/> Animal Welfare/Wildlife | <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Civil Liberties/Human Rights | <input type="checkbox"/> Community Building/Renewal |
| <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Crime/Safety | <input type="checkbox"/> Disability Issues |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Family/Parenting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Health/Wellness |
| <input type="checkbox"/> Health/Mental | <input type="checkbox"/> Homelessness/Housing | <input type="checkbox"/> Poverty/Hunger |
| <input type="checkbox"/> Women's Issues | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Race/Ethnicity |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Seniors | <input type="checkbox"/> Violence Prevention/Conflict Resolution. |
| <input type="checkbox"/> Emergency Preparedness/Response | <input type="checkbox"/> Mentoring/Tutoring | <input type="checkbox"/> Other (list) _____ |

How did you hear about the Volunteer Center For Anne Arundel County?

- Co-worker Friend Media Internet Other _____

*******Please attach a brief description of your organization, 501(c)(3) Letter (or other nonprofit verification, if appropriate), directions to your office, and current volunteer program materials.*******

_____ Signature	_____ Date
_____ Printed Name	_____ Title

Thank you for your commitment to volunteerism in Anne Arundel County. We look forward to partnering with your organization to provide high-quality volunteer opportunities for those who live or work in Anne Arundel County.

**Questions can be directed to: Fay Mauro, Executive Director , 410-897-9207
or info@volunteerannearundel.org**

Forms may be faxed or mailed to: Volunteer Center For Anne Arundel County
2666 Riva Road, Ste 130, Annapolis, MD 21401, Fax: 410-222-4589
www.volunteerannearundel.org