

MUSCULAR DYSTROPHY ASSOCIATION VOLUNTEER INTEREST FORM

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL _____

Please indicate the activities you are interested in (check as many as you wish):

____ Office Volunteer

____ Mailings (stuffing, sorting, addressing, etc.)

____ Data Entry / Typing / Filing

____ Special Projects

____ Letter Writing and Picture Drawing Volunteers

____ Write Thank You Letters to Donors and Sponsors

____ Write Letters to the Editor for local newspapers

____ Draw pictures to thank sponsors (children)

____ Lock-Up Volunteer

____ Welcome Guest to the Event

____ Accounting Checkout

____ Dress up as the Judge and sentence Jailbirds

____ Photographer of Jailbirds in the Cell Block

____ Arresting Officer (Pick up and handcuff Jailbirds)

____ Shamrocks Volunteer

____ Attend Sponsor Meetings

____ Store Goodwill Ambassador

____ Help prepare supply kits

____ Secret Shopper

____ Camp Volunteer

____ Counselor (16 or older)

____ Medical Staff (MD, RN, PT, EMT)

____ Activities Coordinator

____ Planning Committee

Muscular Dystrophy Association Northwest Washington Chapter
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