

**Recording for the Blind & Dyslexic
Volunteer Registration**

Thank you for taking the time to respond to these questions and for your interest in Recording for the Blind & Dyslexic. Your answers will help us to get to know you better and to apply your talents more fully. They will also help us in our efforts to recruit other volunteers. Our volunteers' time, talent and dedication help us meet the growing needs of our members.

General		Date:			
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Nickname:		
Address:					
City:		State:		Zip Code:	
Home Phone:			Work Phone:		
Cell Phone:			E-mail address:		
Skills		Languages Spoken:			
		Language	Beginner	Intermediate	Expert
		French			
		German			
		Italian			
		Latin			
		Spanish			
Other _____					
Subject Area(s) Expertise:	<input type="checkbox"/> Archaeology	<input type="checkbox"/> Computer/ Information Sciences	<input type="checkbox"/> English	<input type="checkbox"/> Medicine	
	<input type="checkbox"/> Art/Music	<input type="checkbox"/> Economics	<input type="checkbox"/> Science (general)	<input type="checkbox"/> Physics	
<input type="checkbox"/> Biology	<input type="checkbox"/> Education (Teaching)	<input type="checkbox"/> Law	<input type="checkbox"/> Psychology		
<input type="checkbox"/> Business	<input type="checkbox"/> Engineering	<input type="checkbox"/> Linguistics	<input type="checkbox"/> Social Sciences		
<input type="checkbox"/> Chemistry		<input type="checkbox"/> Mathematics	<input type="checkbox"/> Statistics		
			<input type="checkbox"/> Theology		
Other Special Skills		<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Data entry/word processing	<input type="checkbox"/> Personnel management/training	
		<input type="checkbox"/> Newsletter writing/editing	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sales/marketing	
		<input type="checkbox"/> Special event planning	<input type="checkbox"/> Accounting		
Personal	Date of Birth (year optional):	Are you over 18? If you answered no, you must get a signature from parent or guardian (see back)			
Education: Highest Level Completed <input type="checkbox"/> High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree					
Name of school(s) attend(ed):					
Emergency Contact:		Name:		Relationship:	
		Phone:			
Are there any medical condition(s) we should know about?					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state nature of offense, when, where and disposition.					
<i>*This information will be used only for volunteer related purposes and only to the extent permitted by applicable law.</i>					

How did you hear about RFB&D?

- Current volunteer (Name _____)
- Work RFB&D Member Radio (Station: _____) TV (Station: _____)
- Billboard/Flyer/Poster RFB&D website Other website (please list) _____
- Club/Association (Which one _____)
- Newspaper (Title: _____)
- Newsletter (Title: _____)
- Volunteer Handbook/Clearinghouse (Which? _____)
- Library School Other _____

Employer

Are you (please check) currently employed retired student not currently employed

If currently employed or retired, name of employer and job title:

Does your office participate in the United Way Campaign? Yes No

Does your employer encourage volunteering or support agencies where employees give their time?

Yes No

Does your office have a newsletter or e-mail system where we could recruit other volunteers? Yes No

Community Service

Are you volunteering in order to fulfill a community service requirement? Yes No

If yes, the number of hours you need to fulfill your requirement _____

Type of community service: Court mandated Academic requirement

Community Service Supervisor: Name: _____ Phone Number: _____

Additional Information:

Do you belong to any professional associations or service clubs? If yes, which one(s)?

What days would you be available to volunteer? M T W Th F Sat

Additional Comments/Other Special Skills/Interests:

Signature of Parent (if applicant is under 18)

Date

Publicity Release (all applicants):

Yes, I hereby give my permission to Recording for the Blind & Dyslexic (RFB&D) to feature my name, photograph, and/or story in any RFB&D publicity, promotional and/or public relations materials.

No, I do not give my permission to Recording for the Blind & Dyslexic (RFB&D) to feature my name, photograph, and/or story in any RFB&D publicity, promotional and/or public relations materials.

Signature of Applicant

Date