



Please *print* the following:

(Make \$35 check Payable to MADHVS and send to Julia Dunbar, Beth Israel Deaconess Medical Ctr., Director of Volunteer Services, 330 Brookline Ave, GZ-N-210, Boston, MA 02215-5400)

Name: _____

Title: _____

Healthcare Organization: _____

Address: _____

(Street and/or PO Box)

City/Town: _____ State: _____

Zip Code: _____

Office Phone: () _____ Fax Number: () _____

E-Mail: _____ Cell (optional) _____

Type of Healthcare Facility: _____

To Whom Do You Report? (Just their title) _____

How Many Volunteers Annually Contribute to Your Organization? _____

Please Circle Your Answer:

Do You Belong to NEADHVS? Yes No

Do You Belong to ASDVS? Yes No

How were you referred to MADHVS?

What subject(s) would you most like to learn about?

Would you be interested in serving in a leadership capacity in the future (board, committees)?

Signature: _____ Date: _____