



Volunteer Frederick 2007 Agency Registration Form

Please submit completed form by mail or fax

Agency Information

Agency Name: _____

Address: _____

Phone Number: _____ Fax: _____

Approximate number of active volunteers: _____

Executive Director: _____

E-mail: _____

Volunteer Coordinator: _____

E-mail: _____

Type of Agency: 501 (c)3 Private Non-profit Government agency/department Religious
 Community Organization For-profit business/organization Other

Registration Options

Partner Agency: (Check ONE)

Your AGENCY's annual budget	Your fee
___ Under \$50,000	\$25
___ \$50,000 - \$150,000	\$50
___ \$150,000 - \$300,000	\$100
___ \$300,000 - \$500,000	\$150
___ Over \$500,000	\$200
___ For-profit organization	\$250

Online Database ONLY:

___ All budgets No charge

Payment Type: check

invoice me

credit card - Authorization # _____ Exp. Date _____

Approval

Name

Title

Signature

Date

Desired Password: _____

Please do not change your password after it has been set. Account name will be assigned.



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