



Volunteer Application

Deaf Independent Living Association, Inc. (DILA)

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ V or TTY Work Phone _____ V or TTY

Cell Phone _____ V or TTY Fax _____

Email Address _____

Profession _____ Degree (circle one) GED HS BS/BA MS/MA PHD

Please explain why you are interested in volunteering with DILA _____

What would you like to assist us with? _____

Have you volunteered for a non-profit agency before? Yes No
If yes, what non-profit _____ How long _____

Best Days to be contacted:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please provide us with your volunteer background:

Please return to:
Human Resource Manager
DILA
806 Snow Hill Road
Salisbury, Maryland 21804
410-543-4874 Fax
410-742-5052 V/TTY