The George F. Hempt Memorial
MS Polo Match
August 9th & 10th , 2013

Volunteer Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Date Of Birth: _____ Gender: F or M

Phone: (home) (____) _____ (cell) (____) _____

(business) (____) _____

Please check all the areas/times where you are interested/able to volunteer:

Friday, 8/09/13

__ Set up (1:00 pm-5:30 pm)
__ Assist Restaurant to set up (4:30 pm-5:30 pm)
__ Parking (4:30 pm-7:45 pm)
__ Info Table (5:00pm-8:30pm)
__ Assign Bid #s and Raffle Ticket Sales (5:30 pm-8:15 pm)
__ Clean Up (7:00 pm-10:00 pm)

Saturday, 8/10/13

__ Set Up (10:00 am-Noon)
__ Raffle Ticket Sales (1:30 pm-end of halftime)
__ Traffic (10:30am-5:00pm)
__ Car Greeters/VIP entrance (11:30am-2:30pm)
__ General Admission sales (11:30am-2:30pm)
__ Info Table (10:00am -2:30pm)
__ Terrier Races (11:00am-2:00 pm)
__ Clean up (Halftime-6:00 pm)
__ Children's Tent (10:00am-2:30)

Please read and sign the volunteer consent form:

I understand and have agreed to participate in the MS Polo Match 2013 as a volunteer and have read and understand my responsibilities to be performed. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the National Multiple Sclerosis Society and the Central PA Chapter to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication or via the website. It is my further understanding that NMSS reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others. It will be my sole responsibility to obtain the necessary mode of transportation to perform these responsibilities. If for whatever reason I am unable to perform as agreed, I will advise the Central PA chapter, event coordinator immediately.

Name/Address: _____ Date: _____

Signature: _____ Parent/Legal Guardian: _____

(Signature of parent/legal guardian is required if volunteer is under the age of 18)

Please mail this form to: National MS Society, 2040 Linglestown Rd., Suite 104 Harrisburg, PA 17110 Or fax it to: 717-652-2590
If you have any questions call: Margie Adelmann, Chapter President, at 1-800-227-2108

A copy of the official registration and financial information of the National MS Society, Central Pennsylvania Chapter, may be obtained from the Pennsylvania Department of State by calling, toll-free 1-800-732-0999. Registration does not imply endorsement.