MS Service Day

What a Difference a day makes

Client Application

Return this application and all supporting documents to:

National MS Society, Mid South Chapter
Attn: Sherry Bramucci
5341 Estate Office Park, Suite 2
Memphis, TN 38119

OR

Fax to: 901.755.4994

DUE BY April 1, 2013

National
Multiple Sclerosis
Society

Dear Friend of the National MS Society,

Thank you for your interest in MS Service Day on Saturday, June 8, 2013!

In order to participate, you will need to complete and submit the following:

1. Application
2. Waiver of Responsibility – *each adult and child in the household must sign*
3. HirEase Disclosure & Consent Form – *for each adult in the household*
   ***You may print multiple copies of the HirEase form for each adult in the household*
4. Letter of confirmed diagnosis of multiple sclerosis from your doctor

Please complete the application form and note your 1st, 2nd, and 3rd choice of services with which you would like assistance. If you need assistance completing the paperwork please call Sherry Bramucci at 901.755.0994 or email **sherrybramucci@nmss.org.**

For the protection of all involved with MS Service Day, criminal background checks are required on all participating adults in your household. Please make additional copies of the HirEase form as needed.

Please return all forms to:

National MS Society, Mid South Chapter
Attn: Sherry Bramucci
5341 Estate Office Park Dr., Suite 2
Memphis, TN 38119

OR

Fax to:
901.755.4994

We must receive your completed application and all supplemental forms by **April 1, 2013** in order to process your application. Incomplete applications will not be considered. Clients will be notified by mail of their acceptance for the MS Service Day program.

Sincerely,

Sherry Bramucci
Manager, Client Programs & Services

MS Service Day 2013 Application

Client Name:

_____

Last First Middle Initial

Address:

_____

Street Address

_____

City State Zip County

Phone: _____ **Cell:** _____

Email address: _____

Tell us about your household – who lives with you?

Name	Age	Relationship to person with MS

Have you or anyone in your household served in the military?

☐ Yes ☐ No

Do you have any pets? ☐ Yes ☐ No

If Yes, what kind:

_____

Please list all pets inside and outside

Do you or anyone in your home have food allergies? (Peanuts, etc…)

☐ **Yes** ☐ **No**

If yes, who and what kind(s) of allergy?

Family Member	Allergy
Family Member	Allergy
Family Member	Allergy

Volunteers can provide assistance in the following areas. Please select **up to 3 services, ranking your 1st, 2nd and 3rd choices.** ***requested projects must be able to be completed in less than 6 hours.***

Exterior Services:

_____ Yard Work including raking, weeding, pruning, clipping, planting flowers and bushes

_____ Cleaning Gutters – *one story homes only*

_____ Cleaning outdoor furniture

Interior Services:

_____ Moving furniture

_____ Heavy cleaning

_____ Cleaning appliances

_____ Chores requiring bending and lifting

_____ Handyman chores, small repairs

_____ De-clutter

_____ Pack and store items in attic or garage

_____ Clean out and organize closets

_____ Wash windows

_____ General housekeeping

Other:

_____ Visiting

_____ Assembling equipment or household items

_____ Other (*please specify*)

_____

_____

If it rains or weather does not permit volunteers to work outside your home, please list a project that you would like volunteers to do inside your home:

_____

_____

I have difficulty with these tasks due to:

- ❒ Fatigue
- ❒ Heat issues
- ❒ Use an assistive device/ equipment – what type do you use? _____ _____
- ❒ Vision problems
- ❒ Balance or Coordination problems
- ❒ Other _____

I understand and agree to the following conditions:

Volunteers with the National MS Society, Mid South Chapter will come to my house to provide one or multiple services. This means volunteers may be in my house.

❒ Yes ❒ No

The tasks I have chosen are difficult for me to do. ❒ Yes ❒ No

The National MS Society will do background checks on me and all adult members of my household.

❒ Yes ❒ No

I will be home on the Day of Service while volunteers are at my home.

❒ Yes ❒ No

The tasks I have chosen can be completed in six hours or less.

❒ Yes ❒ No

_____ _____

Client Signature **Date**

WAIVER OF RESPONSIBILITY

*All household members **MUST** sign this form. Parents/Guardians must sign on behalf of children in the household under the age of 18.

In signing this release, I understand the intent thereof, and will for myself, executors, administrator, and assigns hereby release the National Multiple Sclerosis Society, Mid South Chapter, and all sponsoring agencies, organizations and their respective agents and employees from all claims of damages, actions and causes of actions whatsoever, in any manner as a result of my participation in MS Service Day on June 8, 2013.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the Mid South Chapter of the National Multiple Sclerosis Society to seek emergency medical treatment for the below mentioned individual(s), who will be participating in MS Service Day on June 8, 2013.

CONFIDENTIALITY AGREEMENT: To the degree that I may be given access to the identity and details of persons with multiple sclerosis and their families, I will safeguard such information in strict confidence.

MEDIA RELEASE: I hereby grant permission to the National Multiple Sclerosis Society and/or its affiliates to use my name, picture, and/or likeness in any manner and in any media, either alone or accompanied by other material. I agree that I will not hold the National Multiple Sclerosis Society and/or its affiliates singularly or collectively responsible for any liability resulting from the use of my name, picture, and/or likeness in the manner described herein.

_____	_____	_____
Household Member (Print)	Household Member (Sign)	Date
_____	_____	_____
Household Member (Print)	Household Member (Sign)	Date
_____	_____	_____
Household Member (Print)	Household Member (Sign)	Date
_____	_____	_____
Household Member (Print)	Household Member (Sign)	Date
_____	_____	_____
Head of Household (Print)	**Head of Household (Sign)**	**Date**

Additional household members: Print, Sign, Date on an additional piece of paper.