National Multiple Sclerosis Society
Colorado-Wyoming Chapter

Volunteer Application

Volunteers are an integral part of the work the National Multiple Sclerosis Society does, and we'd like to thank you for choosing to volunteer with our organization! Please take some time to provide us with information that will help match your skills, interests and availability with our needs.

Office Use:
____ RSVP Orientation
____ Attended Orientation

General Information

Date:_____

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip_____

Day Phone _____ Evening Phone _____ Birthday_____

E-mail Address_____

Company_____Occupation_____

Emergency Contact Name _____ Phone_____

Do you have any physical conditions that we should be aware of in case of an emergency?

_____

What physical accommodations do you need to help you in your volunteer assignment?

_____

Background, Skills & Interests

What is your motivation for volunteering for the National MS Society?

_____

Please check areas in which you have training or experience <u>and</u> you'd like to utilize in your volunteer work

- ☐ Administration
- ☐ Advertising/PR
- ☐ Cold Calls
- ☐ CPR
- ☐ Data Entry
- ☐ EMT
- ☐ Entertainment
- ☐ Event Coordination
- ☐ First Aid
- ☐ Food Service
- ☐ Grant Writing
- ☐ Group Facilitating
- ☐ Ham Radio
- ☐ Communication
- ☐ Law Enforcement
- ☐ Leadership Experience (*i.e.,* board member, officer)
- ☐ Legal (specify)
- ☐ Librarian
- ☐ Management
- ☐ Massage Therapy
- ☐ Medicine (MD)
- ☐ Photography/Video
- ☐ Marketing
- ☐ Sales
- ☐ Social Work
- ☐ Spanish fluency
- ☐ Spread Sheet Programs
- ☐ Supervision
- ☐ Teaching
- ☐ Therapist/Counseling
- ☐ Volunteer Coordination

Do you know at this time what specific volunteer opportunity/(s) you would like to pursue? Please indicate below.

_____

_____

Please list opportunities you want to learn more about._____

_____

Please check the types of volunteer activities that interest you (check all that apply):

- ☐ Administrative
- ☐ Bulk Mailings
- ☐ Data Entry
- ☐ Day-of-client workshop volunteer
- ☐ Day-of-fundraising- event volunteer
- ☐ Event Coordination
- ☐ Friendly visiting to clients
- ☐ Health Fair Booths
- ☐ Lead Volunteer at special events
- ☐ Loading supplies/ heavy lifting
- ☐ Phone Calling (events)
- ☐ Phone Calling (thank you)
- ☐ Photographer
- ☐ Planning Committees
- ☐ Public Speaking
- ☐ Route support & safety
- ☐ Support Group Leader
- ☐ Support services for clients (*i.e.,* grocery shopping, escorts)
- ☐ Volunteer Recruitment
- ☐ Other (please specify in the space below)

Availability & Logistics

Describe your time commitment (you may check more than one).

- ☐ Day-of-event volunteer
- ☐ Short-term assignment(s)
- ☐ Ongoing position

What times are best for you to volunteer?

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Evenings
- ☐ Weekends (special events)

Are you available to work at our office (flexible scheduling between 8:30 a.m. and 4:30 p.m., Monday - Friday)?

- ☐ Yes
- ☐ No

Approximately how many hours per week/month are you available to volunteer? _____

CONSENT FORM: By signing this release, I acknowledge that I understand its intent, for my heirs, executors, administrators, representatives and myself, do hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, CO-WY Chapter, corporate sponsors, cooperating organizations and any other parties connected with this organization in any way together with their respective successors and assigns these parties singly and collectively, from and against any blame liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected to in any way to my performance of volunteer work with the National Multiple Sclerosis Society.

In addition to the absolute and unqualified release from liability, I hereby represent that I am physically capable of performing volunteer work, that I will observe all applicable rules and regulations and generally conduct myself in a safe and prudent manner and I hereby absolve and hold harmless the sponsors from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while performing internship work. I also give permission to the National Multiple Sclerosis Society and the CO-WY Chapter to use my name and any photographs taken of me while performing internship work in any promotional materials or publications.

CONFIDENTIALITY AGREEMENT: To the degree that I may be given access to the identity and details of individuals who are employees, clients, or affiliates of the Mid America Chapter, I will safeguard such information in strict confidence.

Signature: _____

Printed Name: _____