National MS Society
Delaware Chapter
Two Mill Rd., Ste. 106
Wilmington, DE 19806
302-655-5610
1-800-FIGHT-MS

VOLUNTEER REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ DATE OF BIRTH: _____

Please indicate your contact preference(s):

☐ Home Phone:_____

☐ Cell:_____ ☐ Work: _____

☐ E-Mail: _____

Emergency Contact: _____

Relationship:_____ Phone:_____

Please tell us your areas of interest:

☐ In-Office
☐ Meet 'n Greet (MS Open Houses, Physicians Offices, etc)
☐ Phone Calling
☐ Peer Support
☐ Committees
☐ Other:

☐ Health Fairs
☐ Program Planning Committees
☐ Friendly Visitors
☐ Support Groups
☐ Fundraising Events
☐ Advocacy

_____

Please indicate any other information about yourself or your interests not previously covered: _____

_____

_____

What is your availability? ☐ Days ☐ Evenings ☐ Weekends

County(ies) Preferred: ☐ New Castle ☐ Kent ☐ Sussex

Do you have MS? ☐ Yes ☐ No

Does someone you know have MS? ☐ Yes ☐ No

If yes, what is your relationship: _____

Do you have mobility limitations? ☐No

☐ Wheelchair ☐ Walker ☐ Cane ☐ Rollator ☐ Other: _____

Do you have any issues with fatigue? _____
_____
_____

Do you have any transportation limitations? _____
_____
_____

Do you have any other accommodation needs that the MS Society should be aware of and if so, please explain: _____
_____
_____

Do you have any special skills or talents that you would like to contribute?
_____
_____

WE LOOK FORWARD TO WORKING WITH YOU IN THE FUTURE! THANK YOU FOR YOUR INTEREST AND COMMITMENT TO JOIN THE MOVEMENT TO END THE DEVASTATING EFFECTS OF MS

GENERAL WAIVER AND RELEASE: In signing this release, I acknowledge that I hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, Delaware Chapter, corporate sponsors, cooperating organizations, and any other parties connnected with this event in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of volunteer services performed on behalf of the National Multiple Sclerosis Society, Delaware Chapter . I also hereby consent to and permit emergency treatment in the event of injury or illness.

I certify that I have read this waiver and release and understand its significance

Signature: _____ Date: _____/_____/_____

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I the undersigned, 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, without limitation as to the use of my name, picture and/or likeness, either alone or accompanied by other material.

I agree that I will not hold the Society and/or its affiliates, singly or collectively, responsible for any liability resulting from the use of my name, picture and/or likeness in the manner described above.

Signature: _____ Date: _____/_____/_____