Client Application

Return this application and all supporting documents to:

National MS Society, Georgia Chapter
Attn: Stephanie Shapiro
1117 Perimeter Center West, Suite E101
Atlanta, GA 30338

OR

Fax to: 678-672-1015

DUE BY SEPTEMBER 15, 2013

National
Multiple Sclerosis
Society

Dear Friend of the National MS Society,

Thank you for your interest in MS Service Day on Saturday, March 1, 2014!

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 Stephanie Shapiro at 678-672-1000 or email **Stephanie.Shapiro@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, Georgia Chapter
Attn: Stephanie Shapiro
1117 Perimeter Center West, Suite E101
Atlanta, GA 30338

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Fax to:
678-672-1015

We must receive your completed application and all supplemental forms by **September 15, 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,

Stephanie Shapiro

Stephanie M. Shapiro, MSW
Services Manager

National
Multiple Sclerosis
Society

MS Service Day 2014 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*

_____ Painting

_____ Cleaning outdoor furniture

Interior Services:

_____ Moving furniture

_____ Painting

_____ Heavy cleaning

_____ Cleaning appliances

_____ Chores requiring bending and lifting

_____ Handyman chores, small repairs

_____ De-clutter

_____ Laundry

_____ Pack and store items in attic or garage

_____ Clean out and organize closets

_____ Wash windows

_____ Make beds, general housekeeping

Other:

_____ Transport donated items to thrift shop

_____ 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, Georgia 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**

National Multiple Sclerosis Society

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, Georgia 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 March 1, 2014.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the Georgia 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 March 1, 2014.

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.

APPLICANT'S *Disclosure&Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
2.Other Name(s) Used:	Former Address: (1)
Social Security No: Sex: Race:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Month, Day and Year of Birth: Place of Birth: (City, State, Country)	City: State: Zip:

~~References (Please Print)~~

Name:	Company:	Phone:
Name:	Company:	Phone:
Name:	Company:	Phone:

Applicant Instructions: *Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.*

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.
You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in North Carolina or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.
Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT
I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge This company , our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY**: ☐ By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

Applicant Signature _____ Date _____

Applicant Name Typed or Printed _____

Fax to (910) 693-1785