National
Multiple Sclerosis
Society
Greater Illinois
Chapter

Thank you for your interest in volunteering for the National Multiple Sclerosis Society, Greater Illinois Chapter!

Volunteers are integral partners in moving us closer to a world free of Multiple Sclerosis. National MS Society volunteers across the country contribute resources - - time, knowledge, skills, and leadership - - that infuse the organization with energy and passion.

Please complete and return the attached application to pursue volunteering with the Chapter. After receiving your application, we will contact you to discuss your interests, availability and possible volunteer roles at the Chapter. If you have any questions, please feel free to contact the Volunteer Department by calling 1.800.344.4867 and press 2. Also, visit our website at MSillinois.org and click on “Volunteer” for more information on opportunities and details.

Our volunteers are essential in helping individuals with MS and their families move their lives forward. We look forward to discussing our current and upcoming opportunities with you.

Sincerely,

The National MS Society, Greater Illinois Chapter

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Who We Are…

The National Multiple Sclerosis (MS) Society is moving to mobilize the millions of people who want to do something about MS Now! Founded in 1952, the Greater Illinois Chapter (GIC) of the National Multiple Sclerosis Society serves the approximately 20,000 people affected by MS within Illinois. The Chapter covers a 73-county territory, starting at the Wisconsin-Illinois border and extending south through the northern and central areas of the state. Our mission is to mobilize people and resources to drive research for a cure and to address the challenges of everyone affected by MS.

About Multiple Sclerosis…

Multiple sclerosis interrupts the flow of information between the brain and the body. It stops people from moving. Every hour in the United States, someone is newly diagnosed with MS: an unpredictable, incurable, often disabling disease of the central nervous system. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are moving us closer to a world free of MS. Most people with MS are diagnosed between the ages of 20 and 50, with more than twice as many women as men being diagnosed with the disease. MS affects more than 400,000 people in the U.S. and 2.5 million worldwide.

Committed to the Movement…

Since its inception, the Greater Illinois Chapter of the National Multiple Sclerosis Society has excelled in serving the Illinois MS community. We raise funds for MS research, directly serve our clients with our educational programs, family programs, support services, direct financial assistance program, and advocacy efforts. We did all this with remarkable efficiency – 77 cents of every dollar directly supported our mission, earning us an impressive three star Charity Navigator rating.

Types of Opportunities

- Events
- Advocacy
- Chapter Programs
- Office Support & Special Programs
- Planning and Leadership Committees
- Multiple Solutions (junior board)
- Internship Opportunities
- Community Events
- MS Ambassador Program
- And many more!

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Volunteer/Internship Application Form

Thank you for choosing to volunteer with the National MS Society. Volunteers are an integral part of the work of our organization. Please take a few minutes to provide us with information that will help us match your skills and interests with our needs.

General Information

Date		Specify Group Affiliation (if applicable)	
First Name		Last Name	M.I.
Street Address/Apartment Number			
City		State/Province	Zip Code
Date of Birth	Are you over 18? Yes No *If no, please ask a parent or guardian to sign this application*.		Gender
Home Number		Cell Number	
Email Address		Do you want to receive e-mails from us? __Yes __No	
Best Time to Reach You			
Occupation		Retired? __Yes __No	
Employer			
Work Telephone		May we contact you at work? __Yes __No	
Emergency Contact's Full Name	Relation		Phone

Have you volunteered with our organization before? If yes, please share with us what you have done and when. If not, how did you learn of us?

Why did you decide to volunteer with the National Multiple Sclerosis Society? What is your connection to multiple sclerosis?

Interests

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

___ Action Alert
___ Advisor
___ Advocacy
___ Aquatics Instructor
___ Bike MS- Special Events
___ Challenge Walk MS
___ Champion
___ Chapter Action Alert
___ Contact Media
___ Contact Sponsors
___ Data Entry
___ Education
___ Exercise Ball Instructor
___ Exercise/Recreation
___ Feldenkrais Instructor
___ First Aid
___ Friendly Visitor
___ Golf- Special Events
___ Health Fair
___ Internet
___ Internships
___ Intersection Safety
___ Leadership Volunteer
___ Legal
___ Legislative
___ Loading
___ Marketing
___ Office
___ On the Move Luncheon
___ Peer Support
___ Personal Trainer
___ Phoning
___ Photography
___ Programs and Services
___ Reception Desk
___ Registration
___ Research Advocate
___ Research Council
___ Rest Stops
___ Route Safety
___ Sag Driver
___ Speakers Bureau
___ Supervising
___ Tai Chi Instructor
___ Telefriend
___ Truck Driving
___ Volunteer Coordinating
___ Volunteer Recruitment
___ Volunteer Training
___ Walk MS
___ Wellness
___ Write Legislators
___ Yoga Instructor
___ Youth Programs
___ Other
(*Please Specify*)_____

If known, what specific volunteer opportunity(s) are you interested in pursuing?

- ❑ Multiple Solutions (young professionals group)
- ❑ Chapter Programs
- ❑ Walk MS
- ❑ Bike MS
- ❑ Special Events
- ❑ Office Support
- ❑ Internship/Work Study
- ❑ Advocacy
- ❑ Other:_____

Skills (Please attach resume, if available)

Do you have training or experience in any of the following areas? (check all that apply)

___ Acupuncture
___ Aquatics Instruction
___ Architecture
___ Arts/Entertainment/Music
___ Audio/Visual
___ Banking/Trusts
___ Camp
___ Cash Handing
___ Chiropractor
___ Clerical Work
___ Communications
___ Computer Programming
___ Construction
___ Counseling
___ Data Entry
___ Database Management
___ Education/Training
___ Emergency/Medical/First Aid
___ Employment
___ Engineering
___ Entrepreneurial
___ Event Planning
___ Exercise Instruction
___ Food Service/Catering
___ Golf
___ Government Advocacy
___ Government Relations
___ Grant Writing
___ Graphic Design
___ Group Facilitation
___ HAM/Radio Communications
___ Health Fair
___ Insurance
___ Internet/Web
___ Leadership
___ Legal
___ Life Coach
___ Long-Term Care
___ MS Research
___ Mailing
___ Management/Supervisory
___ Marketing
___ Massage Therapy
___ Media/Journalism
___ Mental Health
___ Motorcycle
___ Non Profit Management
___ Nursing

___ Nutrition
___ Occupational Therapy
___ Peer support
___ Phone/Telerecruiting
___ Photography/Video
___ Physical - Neurologist
___ Physical - Other
___ Program Management
___ Public Relationship
___ Public speaking
___ Other (*Please Specify*)_____

___ Publishing/Printing
___ Real Estate
___ Receptionist
___ Recreational Therapy
___ Safety (Route)
___ Sign Language
___ Physical Therapy
___ Social Work
___ Speech Therapy
___ Support Group

___ Teaching/Training
___ Technology/Telephony
___ Transportation
___ Truck Driving
___ Volunteer Coordination
___ Word Processing
___ Writing
___ Youth Programs

Do you know how to use a computer? Yes No

Do you have access to a computer for your volunteer work? Yes No

Volunteer Experience

Agency/Organization	Dates of Service	Description of Service

Accommodations

Are there physical accommodations that will help you in your volunteer assignment? If yes, please describe: _____

What geographic area are you looking to volunteer?

Do you have access to transportation? ___Yes ___No

Availability

What type of time commitment are you able to make?
___ Less than 6 months
___ 6 months to a year
___ Other _____

How often do you plan to volunteer?
___ Once a week
___ More than once a week
___ Once a month
___ Once a year
___ Occasional Events
___ Other_____

If you are planning to volunteer once a week, please indicate what times you are available:

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

*When are you available to volunteer?*_____

Volunteer Consent: I understand and have agreed to participate as a volunteer and have read and understand my responsibilities to be performed. 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 agree, I will in for the Greater Illinois Chapter volunteer manager immediately. 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. Emergency Medical Treatment Authorization– I herby consent to and permit emergency treatment in the event of injury or illness while participating in the event. Media Release– I also herby give permission to the National Multiple Sclerosis Society and the Greater Illinois Chapter to use my name and any photography, likeness or image taken of me during the event in any promotional materials, publication or via the website. Confidentiality Policy– I understand that I may be given access to the identity and details of persons with multiple sclerosis and their families. I agree to safeguard this information in strict confidence. Alcohol and Drug Use - For the safety of all concerned during the event, consumption of alcohol by volunteers of the National Multiple Sclerosis Society, Greater Illinois Chapter is strictly prohibited. Any volunteer found consuming alcohol while carrying out his/her responsibilities on behalf of the Society during the event will be referred to his/her volunteer Manager and removed from his/her position. Transportation home will be the responsibility of the volunteer. Furthermore, the Society and the Greater Illinois Chapter will not be held responsible for liabilities that may arise from any participant under the influence of alcohol. Code of Conduct - As a volunteer for a NMSS event, I will operate in a manner that is in the best interests of the Society. I will behave in the most professional manner and adhere to the policies and procedures of the Society. I will use my association with the Society in public events only to advance the mission of the Society. If I do not adhere to these guidelines or the staff may deem my behavior as unacceptable, I will be asked to leave the event and terminate my volunteer position.

Confidentiality Policy

All registrants of the Greater Illinois Chapter of the National Multiple Sclerosis Society have a right to know that all personal records, documents and conversations shall remain confidential. No information which might individually identify a registrant with multiple sclerosis will be released by any staff member or volunteer of the Greater Illinois Chapter of the National Multiple Sclerosis Society to anyone outside the agency without that registrant's expressed opinion.

I certify that I have read this agreement and release and understand its significance.

Print Name and Sign_____ Date _____

Print Name and Sign (Parent or Guardian if under 18) _____

Please complete and return by mail, fax or email to:
National Multiple Sclerosis Society, Greater Illinois Chapter
Attn: Volunteer
525 W. Monroe, Suite 900, Chicago, IL 60661
Fax: 312.421.4544
E-mail: volunteerillinois@nmss.org