Volunteer Application

NATIONAL MULTIPLE SCLEROSIS SOCIETY
MID AMERICA CHAPTER

Today's Date: _____

Name _____ **DOB** _____

Address _____ **Call Sign** _____

City _____ **State** _____ **Zip** _____ **County** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Email _____ **Employer** _____

Emergency Contact _____ **Emergency Number** _____

Volunteer Position _____

Group name or Group Leader _____

Please advise of any medical/allergy information. _____

VOLUNTEER AGREEMENT

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the Mid America Chapter of the National Multiple Sclerosis Society to seek emergency medical treatment for the above mentioned individual in the event of injury or illness while participating in the event.

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.

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. **I will consent to a background check when driving a vehicle at an NMSS special event or when volunteering directly with a client.**

CODE OF CONDUCT: I understand that, as a volunteer for the NMSS, I am a representative of the organization, its employees, and its mission. It is expected that the volunteers and staff of the Mid America Chapter will operate in a manner that is in the best standards of the NMSS. I declare that I have no conflict of interest with any activity or project of the NMSS. I understand that chapter policy prohibits the use of the Society logo or involvement in Society events for personal or commercial gain. I commit to the chapter policy that prohibits the use or influence of alcohol or other non-prescribed drugs during working hours in the chapter office or at chapter sponsored events by its volunteers.

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. I have read, understand, and agree to the Emergency Medical Treatment Authorization, Media Release, Confidentiality Agreement, and Code of Conduct as outlined above.

Signature _____ **Date** _____

If under 18 years of age, parent/legal guardian's signature. _____

1-800-344-4867
www.msmidamerica.org

Volunteer Opportunities
Please indicate your interests and availability.

walk MS
walk to create a world free of MS

April 10	April 17	April 24
___Emporia, KS	___Branson, MO	___Bolivar, MO
___Johnson County, KS	___Kansas City Metro	___Cameron, MO
___Lawrence, KS	___Manhattan, KS	___Chillicothe, MO
___Springfield, MO	___Maryville, MO	___Hutchinson, KS
___St. Joseph, MO	___Salina , KS	___Joplin, MO
___Wichita, KS	___Willard, MO	___Liberty, MO
		___Marshall , MO
		___Neodesha, KS
		___Seymour, MO
		___Topeka, KS

May 1 ___Garden City, KS

☐ **WALK MS PLANNING COMMITTEE**

bike MS
bike to create a world free of MS

___**September 18 & 19** 24th Bike MS: Autumn Trails Classic Wichita Ride 2010

___**September 18 & 19** 26th Bike MS: Ozarks Ride 2010

___**September 25 & 26** 27th Bike MS: Kansas City Ride 2010

___**September 25 & 26** 25th Bike MS: Eastern Kansas Ride 2010

☐ **BIKE MS PLANNING COMMITTEE**

☐ **GENERAL PROGRAM VOLUNTEER:** Volunteer one time for a social or educational program.
☐ **Friendly Faces:** Visit a person with MS in long-term care facility each month; one year commitment.
☐ **Traveling Turkeys:**
__ Donate one or more baskets with groceries to make a Thanksgiving Dinner - a basket will provide a meal for four.
__ Donate your time to deliver one or more meals.
☐ **Summer Visits:** Visit a person with MS in long-term care facility once during the hot summer months.
☐ **Holiday Visits:** Visit a person with MS in long-term care facility once during the holiday season.
☐ **Holiday Party:**
○ **Topeka** ○ **Springfield** ○ **Kansas City** ○ **St. Joseph** ○ **Wichita**
☐ **SPEAKERS BUREAU:** Market our programs, services and events at community health and charity fairs.

☐ **OFFICE SUPPORT**
☐ **ADVOCACY VOLUNTEER**
☐ **MARKETING OUTREACH:** distribute marketing materials around your community

SKILLS/INTERESTS:
__ Accounting/Finance & Management
__ Career counseling
__ Event or Program planning
__ Fundraising
__ Government affairs
__ Graphic design
__ Investment planning
__ Law - Specify type:_____
__ Marketing - Specify type: _____
__ Media relations
__ Strategic planning
__ Web design/development
__ HAM radio operator
__ Medical Certification
__ Computers/ Data Entry
__ Grant Research
__ Other:_____

AVAILABILITY:
☐ Weekdays ☐ Evenings
☐ Weekends ☐ Daytime
☐ One Time
☐ Weekly
☐ Monthly

LOCATION:
☐ Office
☐ Event/Program site
☐ Home

CONNECTION TO MS:
☐ Relative with MS_____
☐ Friend with MS
☐ I have MS
☐ No connection; I just want to volunteer

Anything else you'd like to tell us? _____
_____
_____

For Office Use: Staff Contact:_____