National
Multiple Sclerosis
Society
Greater Carolinas
Chapter

Dear Service Day Volunteer,

Thank you for your interest in volunteering for the MS Service Day Team! This is a wonderful opportunity for volunteers and the people with MS we are serving. By the end of the project it will be evident to everyone involved ***what a difference a day really can make!***

Enclosed you will find:

- Volunteer Application
- Waiver & Confidentiality Statement
- Code of Conduct

Each volunteer participating must complete a volunteer application, waiver/confidentiality form and code of conduct. Return all forms by mail or fax to:

National MS Society, Greater Carolinas Chapter
Luanne Kirkland
9771 A Southern Pine Blvd
Charlotte, NC 28273
Fax – 704-527-0406

For the protection of all involved with MS Service Day, criminal background checks will be done on all participating adult volunteers (by the Society). You will be sent directions on how to access the system yourself.

Questions can be directed to Luanne Kirkland @ 704-612-2703 or Luanne.Kirkland@nmss.org.

Thank you for making a difference!

Luanne Kirkland

Luanne Kirkland
Program Manager

National Multiple Sclerosis Society
Greater Carolinas Chapter

What a Difference a Day Makes!

Multiple Sclerosis Service Day for people with MS

Volunteer Application

Name _____
Last First Middle Initial

Address _____
Street

_____
City State Zip

I have lived in this state less than five years: ☐ Yes ☐ No

Home Phone _____ Cell Phone_____

Email address_____

I am over 18 years old ☐ Yes ☐ No

Emergency Contact (Name, Relation and Number)

_____

_____

_____

Do you have allergies? ☐ Yes ☐ No
If yes, please tell us about them:

_____

Are there physical accommodations needed that will help you in your volunteer assignment?

☐ Yes ☐ No

_____

National MS Society, Greater Carolinas Chapter
9771 A Southern Pine Blvd. Charlotte, NC – 3101 Industrial Dr. Ste 210, Raleigh, NC 27609
1-800-344-4867 Fax: 704-527-0406

JOIN THE MOVEMENT

National
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Interests and Skills

Have you volunteered for the Society before? ☐ Yes ☐ No

If yes, in what capacity? _____

What is your relationship to MS?
☐ Have MS ☐ Know someone with MS ☐ No relationship ☐ Don't care to answer

Which city will you be volunteering for a Service Day Team?
☐ Asheville, NC ☐ Charlotte, NC ☐ Raleigh, NC ☐ Greenville, SC

In which role of the team would you like to participate?
☐ Team Captain ☐ Site Assessor ☐ Team Member

If you are a part of a team, please list your Team Captain's name.

_____

Please describe any special skills that you would like to contribute in your volunteer service to the Chapter and any service you could not assist with.

_____

_____

_____

_____

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

☐ Advocacy ☐ Client Programs ☐ Community Partners *(Service Projects, weekly yard work, SSD Assistant)* ☐ Movement Ambassador *(Speaker's bureau, Awareness team)* ☐ Office Asst. *(Clt or Rdu)* ☐ Public Relations ☐ Special Events *(WalkMS, BikeMS, Challenge Walk, Muckruckus)* ☐ Volunteer Leadership Team ☐ Young Professionals Group

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WAIVER AND RELEASE FROM LIABILITY
What a Difference a Day Makes: Service Day

In consideration for my participation in the What a Difference a Day Makes: Service Day program, I freely accept and voluntarily assume the risks of personal injury or property damage that may arise as a result of my participation.

In addition I further agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this program activity from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my name and photo taken of me during the event in any promotional material, publication, or on the website. I understand that the National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause disturbance or deliberately disregard established rules and guidelines. I certify that I have read and understand the intent of this waiver and release.

Confidentiality Statement

To the degree I may be given access to the identity and details of persons with multiple sclerosis and their families or other confidential business of the Society, I agree to safeguard such information in strict confidence. I also recognize that the chapter programs director, or her/his designee, provides continuing direction and counsel as to the proper use of confidential information.

Participant Name: _____

Participant Signature: _____

Date: _____

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NATIONAL MULTIPLE SCLEROSIS SOCIETY
CODE OF CONDUCT

This Code is intended to help members of the National and Chapter boards, other leadership volunteers and staff avoid situations that could compromise the integrity and independence of the Society's decision-making processes, or compromise the Society's reputation or public confidence in the Society. It is presumed that this Code will be supplemented by good judgment since it cannot contemplate all possible situations of actual or potential conflict of interest. Situations in which personal interests conflict or appear to conflict with the interest of the Society must be avoided. The appearance of a conflict can be just as damaging to the reputation of the Society as an actual conflict.

All members of the National and Chapter boards, leadership volunteers and staff shall:

1. Authorize the use of the name, emblem, endorsement, services, or property of the National Multiple Sclerosis Society only to advance the mission of the Society and in conformance with Society policy.

2. Seek financial or other resources in the name of the Society, in the best interests of the Society. No trustee, leadership volunteer, or staff member shall accept personal gifts or gratuities (other than very small, inconsequential benefits) from a supplier of goods, equipment or services.

3. Not knowingly take any action or make any statement intended to influence the conduct of the Society in such a way as to confer any financial benefit on such person or any corporation or entity in which the individual has an interest or affiliation. Trustees, leadership volunteers and staff shall scrupulously avoid any conflict between their own respective personal, professional or business interests and the interests of the Society. Among other circumstances, potential conflicts of interest may exist whenever a trustee, a leadership volunteer or staff member, or an employee of such person or a member of his or her family has an interest in a business transaction or proposed transaction involving the Society.

4. Use association with the Society in public events only to advance the mission of the Society. No trustee, leadership volunteer or staff member shall publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the position of the Society;

5. Maintain the confidentiality and privacy standards of the Society. No trustee, leadership volunteer or staff member may disclose or reveal or use confidential or proprietary information of the Society or its clients without express authorization.

6. Not use information regarding or acquired as a result of Society relationships with corporations, or government agencies, or their employees or other sources to buy, sell, or otherwise make transactions of stock, securities or other assets of corporations, their subsidiaries, parents, or competitors or otherwise act for personal benefit or gain themselves or their relatives, friends or business associates.

7. Periodically affirm in writing upon request of the President of the Society or its Chapters that he or she has received, read and understands and agrees to be bound by this Code of Conduct.

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Members of scientific and medical professional advisory bodies must avoid situations of possible conflict of interest, or the appearance of a conflict of interest, in the recommendation of grants to their institutions. The member of any institution by which a Society grant is to be considered shall absent himself or herself from the room during the course of discussion and the vote.

In the event that a trustee leadership volunteer's or staff member's obligation to operate in the best interests of the Society might conflict with his or her personal interests, or with the interests of any organization in which they have an interest, financial or otherwise, or with which they are affiliated, they shall disclose such conflict and any and all relevant information as soon as they become aware of it, shall absent themselves from any relevant deliberations, and shall refrain from participating in decision making in connection with the matter.

Signature: _____

Date: _____

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