National
Multiple Sclerosis
Society
Greater Carolinas
Chapter

Dear Service Team Volunteer,

Thank you for your interest in volunteering for the MS Service Project 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 email to:

National MS Society, Greater Carolinas Chapter
Attn: Service Day Coordinator
3101 Industrial Dr. Ste. 210
Raleigh, NC 27609
Diane.Hartley@nmss.org

For the protection of all involved with MS Service Projects, 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 Diane Hartley at 919- 792-1014 or Diane.Hartley@nmss.org.

Thank you for making a difference!

Diane Hartley
Community Development Coordinator
The National MS Society, Greater Carolinas Chapter

National Multiple Sclerosis Society
Greater Carolinas Chapter

What a Difference a Day Makes!

Multiple Sclerosis Service Projects 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
3101 Industrial Dr. Ste 210, Raleigh, NC 27609
1-800-344-4867

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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 Project Team?
☐ Asheville, NC ☐ Charlotte, NC ☐ Raleigh, NC ☐ Columbia, 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 Projects

In consideration for my participation in the What a Difference a Day Makes: Service Project 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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