volunteerMS

Join the movement
to create a world free of MS.

- Thank you for your interest in volunteering for the National Multiple Sclerosis Society Upstate New York Chapter and helping to support our mission of creating a world free from MS!

- The National Multiple Sclerosis Society Upstate New York Chapter is an organization providing programs and services to more than 12,000 people living with multiple sclerosis in 50 counties throughout Upstate New York.

- Please complete all of the forms to be considered for volunteer opportunities. Please be specific when you are completing this application to help ensure you will be placed in a volunteer position that is right for you.

- Return to:
  Ashley Greenman
  National MS Society Upstate NY Chapter
  1650 South Avenue, Suite 100
  Rochester, NY 14620

- If you have any questions, please call Ashley at 585.271.0805 or 1.800.344.4867 (select “2”) or email ashley.greenman@nmss.org.

National
Multiple Sclerosis
Society
Upstate New York
Chapter

Volunteer Application

Name _____
First M.I. Last

Primary Address
Street Address _____ Apt. # or Suite _____

City _____ State _____ Zip _____

Primary Contact Information
E-Mail Address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Preferred Number to call you (please circle): Home Work Cell

Preferred way to contact you about National MS Society: Phone Email Mail

What is your relationship to MS?
___ Child of person w/ MS
___ Friend of person w/ MS
___ Other family member of person w/ MS
___ Other relative of person w/ MS
___ Parent of person w/ MS
___ Person w/MS
___ Sibling of person w/ MS
___ Spouse of person w/ MS

How did you hear about the National MS Society?
___ Familiar with National MS Society
___ Friends/Family
___ Another Volunteer
___ MS Event
___ Newspaper/Radio
___ Television
___ Volunteer Website (i.e. Idealist.org, VolunteerMatch.org. etc.)
___ Other_____

Briefly describe what motivates you to volunteer with NMSS _____
_____
_____

Please describe previous or current volunteer experiences with NMSS or elsewhere
_____
_____
_____

Interests

Please check which type(s) of volunteer work interest you.

___ Administrative/Office Work
___ Public Relations
___ Special Events (Bike MS)
___ Major Gifts Fundraising
___ Phone Work
___ Services for People with MS
___ Special Events (Walk MS)
___ Other _____

Skills

Please check any skills you wish to share.

__ Accounting/Finance
__ Acupuncture
__ Aquatics Instruction
__ Architecture
__ Arts/Entertainment/Music
__ Legal
__ Audio/Visual
__ Banking/Trusts
__ Camp
__ Cash Handling
__ Chiropractic
__ Clerical Work
__ Communications
__ Computer Programming
__ Construction
__ Counseling
__ Data Entry
__ Database Management
__ Education/Training
__ Emergency Medical/Fist Aid
__ Employment/Career Counseling
__ Engineering
__ Event Planning/Coordination
__ Exercise Instruction
__ Food Service/Catering
__ Golf
__ Government Advocacy
__ Government Relations
__ Grantwriting
__ Graphic Design
__ Group Facilitation
__ HAM/Radio Communications
__ Health Fair
__ Human Resources
__ Insurance
__ Internet/Web
__ Leadership
__ Life Coach
__ Long-Term Care
__ Mailing/Post Office Regulations
__ Management/Supervisory
__ Marketing
__ Massage Therapy
__ Media/Journalism
__ Mental Health
__ Motorcycle
__ Non Profit Management
__ Nursing
__ Nutrition
__ Occupational Therapy
__ Peer Support
__ Phone/Tele-recruiting
__ Photography/Video
__ Physical Therapy
__ Physician - Neurologist
__ Physician - Other
__ Program Management
__ Public Relations
__ Public Speaking
__ Publishing/Printing
__ Real Estate
__ Receptionist
__ Recreational Therapy
__ MS Research
__ Safety (Route)
__ Sign Language
__ Social Work
__ Speech Therapy
__ Support Group
__ Technology/Telephony
__ Transportation
__ Truck Driving
__ Volunteer Coordination
__ Word Processing
__ Writing
__ Youth Programs

Education

Please check you highest education level completed.

___ High School
___ Some College
___ College Graduate
___ Masters Degree
___ Post Doctoral Work
___ Doctoral Degree

Certifications and Licensing

Please indicate current Certifications and Licenses you possess.

_____
_____
_____

Employment

Occupation _____ Are you retired? ___ Yes ___ No

Employer/Company Name _____

Address _____ Apt or Suite # _____

City/State/Zip _____

Would you like a volunteer verification sent to your employer? ___ Yes ___ No

If yes, contact name and title _____

Does your company have a matching gift program? ___ Yes ___ No

References: Please provide two references.

Name	Relationship
Address	City/State/Zip
Email	Phone
Name	Relationship
Address	City/State/Zip
Email	Phone

Are there special accommodations needed for volunteering? ___ Yes ___ No

If yes, briefly describe _____
_____
_____

Emergency Contact Information

Name _____ Phone Number_____
First Name **Last Name**

Relationship _____

Please read the following carefully, before signing this application.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the National MS Society that is true, correct, and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the National MS Society or my termination as a volunteer.

Signature _____ **Date** _____

Optional:

The following information is used for statistical purposes only and is kept completely confidential.

Date of Birth: _____ Gender: ___ Male ___ Female

Please indicate your racial/ethnic group

___ Asian
___ Hispanic / Latino origin
___ African-American/Black
___ American Indian/Alaskan
___ White
___ Native Hawaiian/Other Specific Islander
___ Multi-racial (2 or more races)
___ Other: _____