National Multiple Sclerosis Society
Ohio Buckeye Chapter

What a Difference a Day Makes!

Multiple Sclerosis Service Day
Volunteer Application

NAME _____
Last First Middle Initial

ADDRESS _____ Date of Birth_____
Street

_____

City State Zip

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

Home Phone _____ Cell Phone_____

Email address_____

Interests and Skills

Gardening/Landscaping	☐ Hobby	☐ Some Experience	☐ Expert
Painting	☐ Hobby	☐ Some Experience	☐ Expert
Carpentry	☐ Hobby	☐ Some Experience	☐ Expert
Plumbing	☐ Hobby	☐ Some Experience	☐ Expert
Small electrical repairs/installation	☐ Hobby	☐ Some Experience	☐ Expert
Other skills and interests:			
Speak a second language	☐ Spanish	☐ Other _____	
Medically trained, as a doctor, nurse, EMT or other?	Please describe_____		

VOLUNTEERS ARE NEEDED IN THE FOLLOWING AREAS

Please rank from the list below your 1st, 2nd and 3rd choices for your volunteer assignment. We will try our best to match your interests with the services needed.

_____ Exterior Services which may include one or some of the following:

- Yard Work including raking, weeding, pruning, clipping, planting flowers and bushes
- Cleaning Gutters – one story high
- Painting
- Cleaning outdoor furniture
- Sweeping

_____ Interior Services which may include one or some of the following:

- Moving furniture
- Painting
- Heavy cleaning
- Cleaning appliances
- Chores requiring bending and lifting
- Handyman chores, small repairs
- Pack and store items in attic or garage
- Clean out and organize closets
- Transport donated items to thrift shop
- Laundry
- Make beds, general housekeeping
- Wash windows
- De-clutter

_____ Visiting people with multiple sclerosis who are homebound or in a Long Term Care Facility.

_____ Other:

- Assemble equipment or household items
- Run errands
- Set-up computer
- Other _____

Please let us know if there is a service above that you are not able to assist with:

_____

_____

Would you like to be on our Handyman Team and be available to help with small home repair projects for people with MS in our chapter throughout the year? ☐ Yes ☐ No

VOLUNTEER CONSENT FORM

I understand and have agreed to participate in MS Service Day as a volunteer and have read and understand my responsibilities to be performed.

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 I give permission to use my name (first name only if under age 18) 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.

Name/Address: _____

_____

_____

Signature: _____ Date: _____

Parent: _____ Date: _____
(Signature of parent required if volunteer is under the age of 18)

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:

Name _____ Relationship _____

Phone Number (s): _____

_____

Emergency Contact #2:

Name _____ Relationship _____

Phone Number (s): _____

_____

Please advise of any medical/allergy information:

_____

_____

Food Allergies? ☐ Yes ☐ No If yes, please list _____

_____

Pet Allergies? ☐ Yes ☐ No If yes, please list _____

_____

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.

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:_____