National
Multiple Sclerosis
Society

volunteerMS

VOLUNTEER AGREEMENT

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the National Multiple Sclerosis Society to seek emergency medical treatment for the below mentioned individual, who will be volunteering for the National Multiple Sclerosis Society.

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 persons with multiple sclerosis and their families, I will safeguard such information in strict confidence.

ALCOHOL AND DRUG USE: National Multiple Sclerosis Society policy prohibits the use of alcohol or other unauthorized or illegal drugs during working hours by its volunteers. No volunteer who has been drinking, or is under the influence of unauthorized drugs, will be permitted to work in offices or at Society-sponsored events.

I have read and understand the Emergency Medical Treatment Authorization and Media Release. I agree to follow the Confidentiality Agreement, and Alcohol and Drug Use Policy outlined above.

PLEASE FILL OUT AND TURN IN AT VOLUNTEER CHECK-IN.

Print Name | Signature | Date

Address | City | State | Zip

Telephone Number | E-mail Address

Event | Location | Team/Organization (if applicable)

Emergency Contact | Emergency Number

Parent or Guardian Signature, if volunteer is under 18