National Multiple Sclerosis Society
Greater Northwest Chapter

volunteerMS INTEREST FORM

Thank you for your interest in volunteering with the National Multiple Sclerosis Society, Greater Northwest Chapter!
In order to match you with a volunteer opportunity that meets your skills and interests, please complete and return this form.

General Information

First Name: _____ Last Name: _____

Street Address: _____ Apt # or Suite: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home/Cell Phone: _____

E-mail: _____ Preferred method of contact: _____

Best time to contact you? _____ Date of Birth: _____

☐ Yes, I would like to receive e-mail from the National MS Society.
☐ Yes, I would like to receive postal mail from the National MS Society.

Employment/School

Employer/School Name: _____

Occupation: _____ Are you retired? ☐ Yes ☐ No

Emergency Contact

Full Name: _____

Phone: _____ Relationship? _____

What is your connection to multiple sclerosis?

☐ I have MS.
☐ I have a friend with MS.
☐ I am a volunteer for the Society.
☐ I am an event participant or donor.
☐ I have a family member with MS.
☐ I am a healthcare professional.
☐ I am a caregiver for someone with MS.
☐ Other _____

Please share your motivation for volunteering. (check all that apply)

☐ To demonstrate a commitment to MS
☐ To help others
☐ To share a skill
☐ To have fun
☐ Other _____
☐ To give back to my community
☐ To meet new people
☐ Professional growth
☐ Service hour requirements

Please describe your previous or current volunteer experience with the National MS Society or elsewhere.

Volunteer Availability

Where would you like to volunteer? (check all that apply)

☐ At home ☐ In community ☐ At chapter office

Are there any special accommodations needed for volunteering? ☐ Yes ☐ No

If yes, please describe: _____

Describe your time commitment:

☐ On-Going ☐ Short Term ☐ Day of Events ☐ Specific Event

If you answered on-going position, please complete this section:

Day of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends

Time preference: ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Schedule varies

Interests and Experience

Do you have any training, experience or interest in the following areas? (check all that apply)

- ☐ Advertising/PR
- ☐ A/V Systems
- ☐ Computer Skills (list programs) _____
- ☐ Data Entry
- ☐ Education
- ☐ Event Coordination
- ☐ Exercise Instruction/Assistance
- ☐ First Aid/CPR
- ☐ Food Service/Catering
- ☐ Fundraising
- ☐ Group Facilitation
- ☐ Grant Writing
- ☐ Graphic Design
- ☐ Internet Research
- ☐ Legal
- ☐ Lobbying
- ☐ Marketing
- ☐ Massage Therapy
- ☐ Medical (MD, RN, EMT, PT, OT)
- ☐ Mental Health
- ☐ Nutrition
- ☐ Office Support
- ☐ Photography/Video
- ☐ Public Speaking
- ☐ Social Media
- ☐ Social Work
- ☐ Therapist/Counseling
- ☐ Volunteer Coordinating
- ☐ Writing/Editing
- ☐ Youth Programs
- ☐ Other (please specify) _____

Are there any other skills/training you would like to share?

Please list current certifications and licensing that you possess.

Please select the types of volunteer work that interest you. (check all that apply)

- ☐ Administrative/Office Support
- ☐ Advocacy/Legislation
- ☐ Chapter Programs
- ☐ Client Services
- ☐ Community Outreach
- ☐ Support Groups/Connection Programs
- ☐ Walk MS
- ☐ Bike MS
- ☐ Special Events
- ☐ Fundraising
- ☐ Phone (events or thank yous)
- ☐ Other _____

Group Opportunities

☐ Some experiences are better shared. If you are interested in making one of the above options into a group volunteer opportunity with your family, friends, co-workers, or school, please check this box.

Please mail your completed form to:

National MS Society, 192 Nickerson St., Suite 100, Seattle, WA 98109 Attn: Lauren Spero
or e-mail to: lauren.spero@nmsswas.org.

Thank you for your interest in joining the movement and becoming a volunteer with the National Multiple Sclerosis Society, Greater Northwest Chapter. We look forward to working with you!