



National Multiple Sclerosis Society
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.

- | | |
|---|--|
| <input type="checkbox"/> Administrative/Office Work | <input type="checkbox"/> Phone Work |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Services for People with MS |
| <input type="checkbox"/> Special Events (Bike MS) | <input type="checkbox"/> Special Events (Walk MS) |
| <input type="checkbox"/> Major Gifts Fundraising | <input type="checkbox"/> Other _____ |

Skills

Please check any skills you wish to share.

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

Education

Please check you highest education level completed.

- | | |
|---|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Post Doctoral Work |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> 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
Phone	
Name	Relationship
Address	City/State/Zip
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: _____