

# Volunteer Application-Events

**Name:** (please print) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Business Phone:** ( ) \_\_\_\_\_

**Birthday (Day/Month) (optional):** \_\_\_\_\_ **E-Mail (optional):** \_\_\_\_\_

I give the MS Society permission to contact me by email yes\_\_ no \_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Phone (Home):** \_\_\_\_\_ **(Bus.):** \_\_\_\_\_

## Which event position opportunities are you interested in?

(Please indicate and contact Volunteer Resources for more opportunities not listed here)

ENERFLEX MS Walk	MS Bike Tour	Pre-event help
<input type="checkbox"/> Registration/Money Tent <input type="checkbox"/> Food Tent <input type="checkbox"/> Route Marshalls <input type="checkbox"/> Sponsor Tent <input type="checkbox"/> TeamMS Tent <input type="checkbox"/> T-shirt Tent <input type="checkbox"/> Children's Area/Astro Tent <input type="checkbox"/> Finish Line <input type="checkbox"/> Photographer/videographer	<input type="checkbox"/> Registration/Money <input type="checkbox"/> Food Tent <input type="checkbox"/> Route Marshalls <input type="checkbox"/> Sign Crew (Fri, Sat, Sun) <input type="checkbox"/> TeamMS Tent <input type="checkbox"/> Rest Stop <input type="checkbox"/> Olds volunteers-varies <input type="checkbox"/> Cheering Squad Sunday <input type="checkbox"/> Photographer/videographer	<input type="checkbox"/> T-shirt folding <input type="checkbox"/> Bike/Walk prep <input type="checkbox"/> Walk on-site preparation day before <input type="checkbox"/> Bike Tour on-site preparation day before

**Times Available:** What times are you interested in volunteering? (Please mark)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Casual
<b>Morning</b>								
<b>Afternoon</b>								
<b>Evening</b>								

**How did you hear about our volunteer program?**

Advertisement    Friend    MS Society    Volunteer Centre    Other \_\_\_\_\_

***Background Information***

Present Occupation/Employment History: (Does your employer fund a volunteer matching program?)

\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Skills/Interests:

\_\_\_\_\_  
\_\_\_\_\_

Previous/Current Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

***References***

Please provide the names of one or two persons as references

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Telephone: Bus.** (   ) \_\_\_\_\_

**Telephone: Bus.** (   ) \_\_\_\_\_

**Home** (   ) \_\_\_\_\_

**Home** (   ) \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

I authorize MS Society of Canada to obtain references from the individual(s) listed above, and I certify that the information I have provided is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Please note that if you are successful in obtaining a volunteer position, a police information check is required for certain volunteer positions prior to the volunteer placement. (The MS Society of Canada covers the fee for the Police Information Check.)

\*\* If you are under the age of 18, a parental consent form must be signed

*The MS Society collects the personal information requested on this form for the purpose of communicating to you information about the MS Society and its programs, as well as determining suitability as a MS Society, Calgary & Area Chapter volunteer. By completing this form, you hereby consent to the collection, use, and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. A copy of our privacy policy may be obtained at any MS Society office by calling 1-800-268-7582 or at www.mssociety.ca.*

For Office Use Only  
Date Received: \_\_\_\_\_ Interview date: \_\_\_\_\_  
Valid PIC until: \_\_\_\_\_ References Checked:  Yes  No

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