

# Volunteer Application

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

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

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

**Home/Cell Phone:** (403) \_\_\_\_\_ **Business Phone:** (403) \_\_\_\_\_

**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.):** \_\_\_\_\_

Briefly describe why you are interested in volunteering with the MS Society, and what you hope to accomplish as a MS Society of Canada volunteer.

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

**What types of volunteer opportunities are you interested in? (Please indicate)**

CLIENT SERVICES	ADMINISTRATION
<input type="checkbox"/> Yoga (Mon, Tues) <input type="checkbox"/> Fun & Fitness (Fri) <input type="checkbox"/> Bowling (Wed) <input type="checkbox"/> Crafts and Conversation <input type="checkbox"/> Coffee Time <input type="checkbox"/> Annual Family Picnic <input type="checkbox"/> Christmas Party <input type="checkbox"/> Christmas Deliveries <input type="checkbox"/> Peer Link <input type="checkbox"/> Friendly Visiting	<input type="checkbox"/> General Office Duties (i.e. t-shirt folding, mail outs etc.) <input type="checkbox"/> MS Ambassador <input type="checkbox"/> Walk on-site preparation <input type="checkbox"/> Bike Tour on-site preparation <input type="checkbox"/> Reception coverage

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

	Mon	Tues	Wed	Thurs	Fri	Casual
Morning						
Afternoon						

How long of a commitment are you able to make? \_\_\_\_\_

How did you hear about our volunteer program?

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

**Background Information**

Education/Training:

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

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 two persons as references (employment or education contacts preferred)

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 individuals 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](http://www.mssociety.ca).*

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

To obtain information on the MS Society of Canada check out our website at [www.mscalgary.org](http://www.mscalgary.org) or call 403-250-7090