



RONA MS Bike Tour

Saturday, August 6 & Sunday, August 7, 2011
Carleton University and Kemptville Collage
VOLUNTEER APPLICATION



Please complete all pages of this form and return by:

fax: 613-728-0342, email: info.ottawa@mssociety.ca

mail: MS Society of Canada, Ottawa Chapter, 1826 Woodward Drive, Ottawa, ON K2C 0P7

Date: Y: 2011 M: D:	First Name:	Last Name:
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Address:

City:	Province:	Postal Code:
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Home Phone:	Work:	Cell:
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Email:

2011 will be my year volunteering at the RONA MS Bike Tour

- I am under 18 years of age. Please ensure Parental Consent Form on the 3rd page is completed.
- I give the MS Society of Canada permission to contact me by email.

I prefer to be contacted by phone: email: mail:

Yes! I have a previous year's RED MS volunteer t-shirt that I can wear this year
No, please provide a new t-shirt in size: S M L XL XXL XXXL

Special Notes:

You will be contacted with more details regarding your specific volunteer role in the weeks leading up to the RONA MS Bike Tour. Please check your email or mailbox.

If you are unable to immediately send a signed copy via fax or an emailed scan, please send an unsigned copy and provide a signed copy at the volunteer orientation.

Volunteers must arrange for their own transportation to locations. If your position is at the Kemptville Campus and you wish to stay overnight you are welcome to bring your camping gear and camp out on campus. We cannot guarantee indoor accommodations. If you are staying overnight please advise us in the comments section.

Check www.mssociety.ca/ottawa for updated information!

How did you hear about the RONA MS Bike Tour volunteer opportunity?

- Email from MS Society
- Volunteer Ottawa
- Other – Please Specify: _____
- Ottawa Chapter website
- Friend/Family
- School

Please indicate your 1st, 2nd, and 3rd position choice.
 **** Times are subject to change****

Saturday, August 6

Carleton University		Kemptville	
Greeters 6:30 am – 10:00 am Luggage 6:30 am – 9:30 am	Parking (18yrs+) 6:00 am – 10:00 am Site Set-Up 6:00 am – 8:00 am Start Line Assistant 7:30 am – 10:00 am	Bike Storage 10:00 am – 4:00 pm Cheering 10:30 am – 3:00 pm Cyclists Check-in 10:00 am – 4:30 pm Games Assistant 2:00 pm – 6:00 pm	Luggage 9:00 am – 2:00 pm Silent Auction 7:00 pm – 10:00 pm Volunteer Check-in 9:00 am – 2:00 pm

Sunday, August 7

Carleton University	Kemptville	
All positions at Carleton for Sunday are full	Bike Storage 7:15 am – 10:00 am	Site Take Down 8:00 am – 11:00 am

Special Comments: (Work with someone, available for more than one day, physical limitations etc)

VOLUNTEER WAIVER

In signing this release or in sending it to the MS Society electronically, I (we) understand the intent thereof, and I (we) hereby and absolve and hold harmless the Multiple Sclerosis Society of Canada, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability from any injury, misadventure, harm, loss, inconvenience or damage hereby sustained as a result of participation in this Multiple Sclerosis Society of Canada event or any activities associated therewith. I (we) give full permission for use of my name and/or photograph in connection with this event. I also confirm that the information I have provided is correct. 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. 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. If you have any questions about your personal information, please contact our privacy officer, Laurel Mackenzie at 613-728-1583 ext. 222. 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.

By checking this box, you agree you have read this waiver. You understand and accept its terms.

Date: _ _____

EMERGENCY CONTACT IDENTIFICATION

Name of Emergency Contact:

Home phone:

Work phone:

Cell:

PARENTAL CONSENT

Please complete if you are **under** the age of 18.

Name of parent or guardian:

Address (if different from volunteer application)

City, Prov:

Postal Code:

Home phone:

Work phone:

E-mail:

I give the MS Society of Canada permission to contact me by email.

I (parent or guardian)
give permission for (name of volunteer)
to volunteer for the MS Society, Ottawa Chapter RONA MS Bike Tour for the positions identified on page 2

Signature of parent/guardian:

Date:

If you have any questions, feel free to contact Nadene Lee @ 613-728-1583 ext. 228 or nadene.lee@mssociety.ca

**Thank you for supporting the MS Society in its quest in finding a cure for multiple sclerosis
and enabling people affected by MS to enhance their quality of life.**

Thank you for ending ms.