

Appendix

MULTIPLE SCLEROSIS SOCIETY OF CANADA

WORKPLACE RELATIONSHIPS POLICY

Acknowledgement

I, the undersigned, _____
(Name of Volunteer or Staff Person)
acknowledge that I have received the document titled "Workplace Relationships Policy"
of the Multiple Sclerosis Society of Canada.

By virtue of my signature below, I confirm that I have read, understood and agree that I
will be held responsible for the information contained in this policy.

Signature Date _____

Address

Witness Signature