



**National
Multiple Sclerosis
Society**
Southern California
& Nevada Chapter

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
- Parent of person w/ MS
- Friend of person w/ MS
- Person w/MS
- Other family member of person w/ MS
- Sibling of person w/ MS
- Other relative of person w/ MS
- Spouse of person w/ MS

How did you hear about the National MS Society?

- Familiar with National MS Society
- Television
- Friends/Family
- Volunteer Website
- Another Volunteer
- (i.e. Idealist.org, VolunteerMatch.org. etc.)
- MS Event
- Other _____
- Newspaper/Radio

Briefly describe what motivates you to volunteer with NMSS _____

Please describe previous or current volunteer experiences with NMSS or elsewhere

Title of volunteer position you are applying for: _____

Interests

Please check which type(s) of volunteer work interest you.

- Administrative/Office Work
- Phone Work
- Public Relations
- Services for People with MS
- Special Events (Bike MS)
- Special Events (Walk MS)
- Major Gifts Fundraising
- Other _____

Skills

Please check any skills you wish to share.

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

Education

Please check you highest education level completed.

- High School
- Some College
- College Graduate
- Masters Degree
- Post Doctoral Work
- 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

What is your availability? Office hours are Mon-Fri 8 am to 6 pm, but most volunteers are used outside the offices for many assignments.

Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Types of Project interested in:

___ Long term ___ short term ___one time ___ongoing

Do you have transportation?

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

Do you have access to a computer?

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

Which offices to do you wish to work in or from?

West LA ___ Fresno ___ Coachella Valley ___ Antelope Valley ___ Kern County ___ Inland
 Empire ___ Channel Island ___ Northern Nevada ___ Southern Nevada ___

Do you belong to any social, professional, religious, or academic organizations with members who may be interested in volunteering or contributing? If so, please provide contact info.

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.

Confidentiality Policy:

All registrants of the Southern California Chapter of the National Multiple Sclerosis Society have a right to know that all personal records, documents and conversations shall remain confidential. No information which might individually identify a registrant with multiple sclerosis will be released by any staff member or volunteer of the Southern California Chapter of the National Multiple Sclerosis Society to anyone outside the agency without the registrant's expressed opinion.

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: _____

Please return to:
National MS Society, Southern California & Nevada Chapter
ATTN: Volunteer Department
2440 S. Sepulveda Blvd., Suite 115
Los Angeles, CA 90064
or fax
310-479-4436