

Volunteer Application Form



General Information

Name _____

Address _____

City _____ Prov _____ PC _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email _____ Please contact me by: Phone Email

Emergency contact name _____ Phone _____

Availability

What time of day are you available to work?

Days Evenings Weekends

Types of Volunteer Opportunities

Area of interest:

Office Events
 Committees Advocacy
 Member and Client Services

I'm interested in volunteering for the following events:

MS Walk (May) MS Carnation Campaign (May)
 MS Christmas Cake Campaign RONA MS Bike Tour (June, July)

Comments

Please email, fax or mail this form to:

MS Society of Canada, Atlantic Division 1-109 Ilsley Ave Dartmouth NS B3B 1S8
info.atlantic@mssociety.ca
Fax: (902) 468-5328