

VOLUNTEER CONSENT FORM

Full Name:		Date:
Address:		Apt:
City/State:		Zip:
E-mail Address:		Date of Birth:
Phone Number:		Evening
Daytime		
Are you volunteering as part of a group? Yes No		Group Name:
Please advise of any medical/allergy information (required):		
Emergency Contact Name:		Emergency Contact Phone:
Emergency Contact Relationship:	Emergency Contact Address:	

I understand and have agreed to participate in the _____ event/program as a volunteer and have read and understand my responsibilities. **Based on the Society's "code of conduct", I understand that as a representative of the National MS Society, I must always conduct myself in a fashion that does not jeopardize the Society's image.** Society volunteers shall operate in the best interest of the Society and maintain the highest standards of conduct and ethical behavior. I agree **NOT** to: (1) authorize the use of the name, emblem, endorsement, services, or property of the Society without consent to do so; (2) take any action that would confer a financial benefit or accept any non-trivial gifts or favors that would confer a benefit to me or an entity which I am affiliated; or (3) publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the Society's mission. I agree to maintain the confidentiality and privacy standards of the Society and will not disclose, reveal, or use confidential or proprietary information of the Society, its participants, or volunteers without express authorization. This includes, but is not limited to, all medical and personal health information I may obtain about event participants while volunteering. Weapons are strictly prohibited at all Society events, and I agree not to bring a weapon of any kind to the event, including all pre and post-event activities. I hereby consent to emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the National MS Society to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication, or website. I further understand and agree that the Society reserves the right to refuse or dismiss anyone that may cause a disturbance or hindrance that could jeopardize the safety of others. It is my sole responsibility to obtain the necessary mode of transportation to the event. If I am unable to perform as agreed, I will advise the event coordinator immediately.

I understand that I will only accept positions that I am physically and mentally capable of performing. In the event I witness any activity that will impede safety I will immediately notify my supervisor to help reduce the likelihood of harm.

To the extent that I use any equipment of the Society, or its agents, in my role as a volunteer, then such use shall at all times be in compliance with the Society's Acceptable Use Policy, which I acknowledge that I have received, read, and fully understand and agree to adhere to.

COVID-19 ACKNOWLEDGMENT

I hereby acknowledge the contagious nature of COVID-19 and that the Centers of Disease Control and Prevention ("CDC") and public health authorities are still recommending vaccinations, social distancing, hand washing, COVID-19 testing, personal monitoring and the wearing of facial coverings (for certain members of the population and indoors in public areas where the COVID-19 Community Level is high, regardless of vaccination status). I understand that that the risk of being exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others. By attending this event, I attest that: (1) I am not experiencing symptoms of COVID-19 outlined by the CDC; (2) I do not believe that I have been exposed to someone with a suspected and/or confirmed case of COVID-19; (3) I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities and (4) I will comply with safety mitigation measures required by federal, state and local law and the Society.

Signature _____ Parent _____
(Signature of parent for volunteers under the age of 18)