



MS Society of Canada
South Vancouver Island Chapter
 1004 North Park Street
 Victoria, BC V8T 1C6
 Tel: (250) 388-6496
 Fax: (250) 361-2661
www.mssociety.ca/chapters/svic

MS Bike Tour ~ Cowichan Valley Grape Escape Volunteer Application

THE PERSONAL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT IN CONFIDENCE AND USED FOR THE SPECIFIC PURPOSES OF VOLUNTEER RECRUITMENT AND APPRECIATION.

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home _____ Work _____ Cell _____

E-Mail: _____

Emergency Contact: _____ Telephone: (home) _____

Relationship: _____ (business) _____

Referred by/heard about the MS Society from: _____

POSITIONS OF INTEREST *(please check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Leadership Committee Position | <input type="checkbox"/> Rest Stops |
| <input type="checkbox"/> Key Volunteer Position | <input type="checkbox"/> Participant Greeter |
| <input type="checkbox"/> Food/Beverage Service | <input type="checkbox"/> Parking Marshal |
| <input type="checkbox"/> Participant Check-in | <input type="checkbox"/> T-shirt Pick-up |
| <input type="checkbox"/> Accommodation Support | <input type="checkbox"/> Purchase Sorting |
| <input type="checkbox"/> Money Counter | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Site Set-up/ Take Down | <input type="checkbox"/> Volunteer Check-in |
| <input type="checkbox"/> Start/Finish Cheering Squad | <input type="checkbox"/> Early Pledge Drop-off (Friday in Victoria) |
| <input type="checkbox"/> Pre-event Preparation Support | <input type="checkbox"/> Point of Interest Purchase Keeper |
| <input type="checkbox"/> Event Driver | <input type="checkbox"/> Auction Support |
| <input type="checkbox"/> Route Support | |

AVAILABILITY *(Please indicate times available)*

	For Pre-Event Support Positions					Event Weekend	
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

EXPERIENCE – Please attach a resume if you prefer

Have you volunteered with the MS Society before? Yes No

Are you presently a volunteer in your community? Yes No

If yes, where? -----

Please describe any previous volunteer experience you may have:

EDUCATION/TRAINING

Please list any past education/training you have:-----

Please list any computer or specialty training you have (i.e. Word or Photography):

Do you speak or write languages other than English: Yes No

If YES please specify: -----

COMMITMENT

1. I understand that any misrepresentation or false information on this application form may be cause for termination of volunteer services.
2. I agree to respect the confidential nature of the volunteer role, and I understand any breach of confidentiality is cause for dismissal from volunteer service.

Date

Signature of Applicant

APPLICANTS UNDER 18 – Volunteers under 18 years of age must have parent/guardian consent to volunteer with the MS Society. Please have your parent/guardian sign below to acknowledge their consent.

By signing below I acknowledge that I am the parent/guardian of the applicant and give my consent for them to volunteer with the MS Society SVIC.

Name of Parent/Guardian

Signature of Parent/Guardian

