



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:	
Advise of any medical/allergy information (required):		
Emergency Contact Name:	Emergency Contact Phone:	
Emergency Contact Relationship:	Emergency Contact Address:	

I understand and agree to participate in the _____ event/program as a volunteer of the National Multiple Sclerosis Society (“Society”) and have read and understand my responsibilities. **Based on the Society’s “code of conduct”, I understand that as a representative of the 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 express written consent to do so; (2) take any action that would confer a financial incentive, 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 written authorization from the Society. This includes, but is not limited to, all medical and personal health and financial information I may obtain about event participants while volunteering. I hereby consent to emergency treatment in the event of injury or illness while participating in the event. I further understand that 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 also hereby give permission to the 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 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.

COVID-19 ACKNOWLEDGEMENT

I hereby acknowledge and understand that the 2019 novel coronavirus (“COVID-19”) is extremely contagious and easily spread through air, person-to-person contact, and contact with contaminated objects. People can be infected and show no symptoms yet still spread the disease, which can cause serious and potentially life-threatening illness and even death.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Society guidelines and recommendations to maintain the health and safety of event attendees. These safety and health guidelines include, but are not limited to, wearing a mask during the event, practicing social distancing by keeping at least six feet between myself and other persons at all times, and regularly using personal sanitation methods such as hand sanitizer. I acknowledge that failure to comply with these practices may result in exposure to, or contraction of, COVID-19 and may put others at risk. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Society as a condition to volunteering at the event.

I acknowledge and agree that I will not attend the event if I have experienced any illness or COVID-19 related symptoms within any of the fourteen (14) days immediately prior to the event. Such symptoms include, but are not limited to, cough, fever, higher than normal temperature, abnormal fatigue, abnormal body aches/pain, shortness of breath, nausea and/or loss of taste or smell. I will not attend the event if I have tested positive for COVID-19, or if I have been in contact with any person that has tested positive for COVID-19 or shown COVID-19 related symptoms, within any of the fourteen (14) days immediately prior to the event. If I display symptoms commonly related to COVID-19 while at the event, I agree that the Society may, in its sole discretion, instruct me to immediately leave the event premises, which I will promptly comply with.

Signature _____ Parent _____

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