



# VOLUNTEER CONSENT FORM

National  
Multiple Sclerosis  
Society

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_  
**Daytime** **Evenings**

Email Address \_\_\_\_\_

I understand and have agreed to participate in the \_\_Waves to Wine event/program as a volunteer and have read and understand my responsibilities to be performed. **Based on the Society's "code of conduct", I also understand that as a representative of the National MS Society, I must always conduct myself in a fashion that does not jeopardize the image of the Society.**

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.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the National Multiple Sclerosis Society and the \_Norcal\_\_\_\_\_ chapter to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication or via the website.

It is my further understanding that NMSS reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

It will be my sole responsibility to obtain the necessary mode of transportation to perform these responsibilities. If for whatever reason I am unable to perform as agreed, I will advise the chapter, event coordinator immediately.

Signature \_\_\_\_\_ Parent \_\_\_\_\_

**(Signature of parent required if  
volunteer is under the age of 18)**

Emergency Contact (Name/Address/Phone Number : \_\_\_\_\_

**Please advise any medical/allergy information (required):**

\_\_\_\_\_