

# Volunteer Registration



**Name:** \_\_\_\_\_

First name

Last name

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Address

City

Country

Postal code

**Home phone:** \_\_\_\_\_

**Mobile phone:** \_\_\_\_\_

**Language preference:**  English  Français

**Which of the following best describes you:**

- Person with a neuromuscular disorder
- Family member
- Fire Fighter
- Healthcare Professional
- Neuromuscular Researcher
- Other (please specify): \_\_\_\_\_

**I would be interested in the following volunteer roles:**

- Advisory Committee Member
- Advocacy
- Awareness
- Board Committee Member
- Board of Directors
- Chapter Leadership Volunteer
- Chapter Member
- Corporate Fundraising Volunteer
- Fundraising Event Day Volunteer
- Fundraising Event Planning
- Network Volunteer
- Office Administration Volunteer
- Research
- Retreat Volunteer
- Other (please specify): \_\_\_\_\_

**I have the following skills/experience to offer MDC:**

- Advocacy
- Board Governance
- Event Planning
- Experience with People with Disabilities
- Finance
- Fundraising
- Healthcare (clinical care, science communications)
- Human Resources
- Legal
- Marketing/PR
- Medical Research
- Office Administration
- Photography
- Public Speaking
- Strategic Planning
- Volunteer Engagement
- Other (please specify): \_\_\_\_\_

Please submit completed form and  
your resume in PDF or Word format  
to [volunteer@muscle.ca](mailto:volunteer@muscle.ca)