Volunteer Registration



Name:

First name	Last name
Email:	
Address:	
Address	City
Country	Postal code
Home phone:	
Mobile phone:	
Language preference: 🗌 English 🗌 Françai	S
Which of the following best describes you:	I have the following skills/experience to offer MDC:
 Person with a neuromuscular disorder Family member Fire Fighter Healthcare Professional Neuromuscular Researcher Other (please specify):	 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):
 Network Volunteer Office Administration Volunteer Research Retreat Volunteer Other (please specify): 	Please submit completed form and your resume in PDF or Word format to <u>volunteer@muscle.ca</u>

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