

Volunteer Registration



Name:

First name

Last name

Email:

Address:

Address 1

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:

- Advocacy
- Awareness
- Board Committees
- Board of Directors
- Chapter Leadership
- Chapter Member
- Corporate Fundraising
- Fundraising Event Day
- Fundraising Event Planning/Leadership
- Network
- Office Administration
- Retreats
- Other (please specify):

I have the following skills/experience to offer MDC:

- Advocacy
- Board Governance
- Event Planning
- Experience with People with Disabilities
- Finance
- 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