Volunteer Registration



Name:	CANADA
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 Commitees Board of Directors Chapter Leadership Chapter Member Corporate Fundraising	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
 ☐ Fundraising Event Day ☐ Fundraising Event Planning/Leadership ☐ Network ☐ Office Administration ☐ Retreats ☐ Other (please specify): 	Other (please specify): Please submit completed form and your resume in PDF or Word format to volunteer@muscle.ca

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