



**N3MSS – BIKE MS: CITY TO SHORE RIDE  
September 23 & 24, 2017**



**COMMUNICATION SPECIALISTS PUBLIC SERVICE FORM**

*Please Print Clearly or Type //Only One Name per Form //Complete Volunteer Consent Form Attached*

**CONTACT INFORMATION** *(Everyone MUST complete)*

First Name: _____ Last Name: _____ Call: _____		<p><b>* Are you 18 or older?</b> <i>If not, your parent or guardian must complete and return the volunteer consent form attached to the registration form.</i></p>
Home Address: _____ GMRS Call: _____		
City: _____ State: _____ Zip: _____ Birth Date*: ____/____/____		
Email Address: _____		
Cell: _____ Home phone: _____		
Club Affiliation: _____		
Occupation: _____ Place of Employment: _____		
T-Shirt Size: S M L XL XXL XXXL      How long have you been involved with Bike MS? _____		
Please describe your prior volunteer experience (include organization names and dates of service): _____		
Do you have any physical limitations? No Yes _____		
Primary Emergency Contact: _____		
Relation: _____ Phone: _____		
Secondary Emergency Contact: _____		
Relation: _____ Phone: _____		
Allergies: _____		
Other Medical Details in case of emergency: _____		

**REGISTRATION FORM CHECKLIST** – we realize that completing the proper registration forms can be confusing. Please utilize the following checklist to ensure that you have completed the correct paperwork. Thank you for your support!

<b>Communicator Only</b>	<b>Communicator &amp; SAG Driver</b>
<input type="checkbox"/> Contact Information	<input type="checkbox"/> Contact Information
<input type="checkbox"/> Availability	<input type="checkbox"/> Availability
<input type="checkbox"/> Housing for Two Day Volunteers	<input type="checkbox"/> Housing for Two Day Volunteers
<input type="checkbox"/> Equipment	<input type="checkbox"/> Equipment
<input type="checkbox"/> Assignment Requests	<input type="checkbox"/> Assignment Requests
<input type="checkbox"/> Bike MS Volunteer Consent Form	<input type="checkbox"/> Driver Information
	<input type="checkbox"/> Pennsylvania Driver Check (PA Drivers ONLY -separate form)
	<input type="checkbox"/> Background Check (online form)
	<input type="checkbox"/> SAG Commitment
	<input type="checkbox"/> Code of Conduct & Bike MS Volunteer Consent Form

**DEADLINE: AUGUST 15, 2017 – Complete and Return this Form and Consent Form to:**

<p><b>Communicators ONLY</b>  <b>Email:</b> <a href="mailto:N3MSS@mail.com">N3MSS@mail.com</a>  <b>or</b> <a href="mailto:MS.EVENTCOMMUNICATIONS@yahoo.com">MS.EVENTCOMMUNICATIONS@yahoo.com</a>  <b>Postal Mail:</b>  MS Event Communications  C/O Kathy Stafford (AB2LF)  128 Stoneham Drive  Glassboro, NJ 08028</p> <p><b>To complete these forms online:</b> <a href="http://main.nationalmssociety.org/HAMS">http://main.nationalmssociety.org/HAMS</a>  <b>The following forms are also available:</b>  Paper Registration .doc Form link: <a href="http://www.phil-mont.org/ms150/">http://www.phil-mont.org/ms150/</a>  Paper Registration PDF Form link: <a href="http://main.nationalmssociety.org/communicator-forms">http://main.nationalmssociety.org/communicator-forms</a>  Paper T-Shirt Support PDF Form link: <a href="http://main.nationalmssociety.org/HAMS-support">http://main.nationalmssociety.org/HAMS-support</a></p>	<p><b>Communicator &amp; SAG Driver</b>  <i>All forms <b>MUST</b> Be Returned Directly to the Society</i>  <b>Email:</b> <a href="mailto:lauren.dranoff@nmss.org">lauren.dranoff@nmss.org</a>  <b>Fax:</b> (215) 271-6122  <b>Postal Mail:</b>  C/ O Lauren Dranoff  30 South 17<sup>th</sup> Street, Suite 800  Philadelphia, PA 19103</p>
--	---

Everyone **MUST** Complete the Volunteer Consent Form included in this form.  
*(For insurance reasons, we must have a handwritten signature on file)*



N3MSS – BIKE MS: CITY TO SHORE RIDE  
September 23 & 24, 2017



COMMUNICATION SPECIALISTS PUBLIC SERVICE FORM

**AVAILABILITY** (Everyone MUST complete)

Which Days Can You Help:  Saturday, September 23  Sunday, September 24  Both Days\*

\* SAG drivers MUST register for BOTH DAYS

**ASSIGNMENT REQUESTS** (Everyone MUST complete - we will try to honor all requests)

**Indicate First and Second Choice**

You Must Attend A Mandatory Orientation in September

**Check Point along the Route**

1<sup>st</sup> 2<sup>nd</sup> Choice

- North End Checkpoint
- South End Checkpoint
- Rest Stop/Lunch Stop
- Last Year's Location
- Road Marshaling Position

**Provide Last Year's Mile Markers**

DAY 1 \_\_\_\_\_ DAY 2 \_\_\_\_\_

**Event Support Vehicle**

1<sup>st</sup> 2<sup>nd</sup> Choice

- SAG Van Driver/Communicator \*\*
- SAG Van Psngr./Communicator
- Staff/Volunteer Vehicle Driver/Communicator\*\*
- Other: \_\_\_\_\_

\*\* All drivers must be at least 25 years of age, be available for BOTH days, and complete additional paperwork outlined below.

NOTE: EVENT SUPPORT VEHICLE OPERATIONS REQUIRES A 25 WATT RADIO OR BETTER WITH A 3 Db GAIN 1/2 OR 5/8 WAVE AND A VHF HANDHELD RADIO TO OPERATE WHEN YOU ARE AWAY FROM YOUR ASSIGNED SUPPORT VEHICLE. (Please remember to have a fully charged spare battery for your HT) YOU MUST BE WILLING TO DRIVE VEHICLE, OPERATE RADIO AND FOLLOW DIRECTIONS ALONG THE BIKE ROUTE.

**HOUSING** (Two Day Volunteers only)

Rooms are limited & available upon request by **August 1, 2017** – You **MUST** be willing to share a room with others:

I would like to reserve a complimentary hotel room in Ocean City: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Roommate Requests – Names & Call Signs: (if none provided, roommates may be assigned for you)

>>>Roommates, please submit all of your forms at the same time<<<

**EQUIPMENT**

Bands you can work mobile: **144** \_\_\_\_\_ **900** \_\_\_\_\_ **440** \_\_\_\_\_ **GMRS** \_\_\_\_\_ **APRS** \_\_\_\_\_ \*

Bands you can work HT: **144** \_\_\_\_\_ **900** \_\_\_\_\_ **440** \_\_\_\_\_ **GMRS** \_\_\_\_\_ **APRS** \_\_\_\_\_ \*

\* Please list your **APRS Radio Gear** here: \_\_\_\_\_

**PL AND/OR DPL TONE CAPABILITY REQUIRED FOR AMATEUR & GMRS RADIOS.**

**YOUR RADIOS AND ANTENNAS MUST BE IN GOOD WORKING CONDITION.**



**CODE OF CONDUCT::**

This Code is intended to help volunteers avoid situations that could compromise the integrity and independence of the Society's decision-making processes, or compromise the Society's reputation or public confidence in the Society. It is presumed that this Code will be supplemented by good judgment since it cannot contemplate all possible situations of actual or potential conflict of interest. Situations in which personal interests conflict or appear to conflict with the interest of the Society must be avoided. The appearance of a conflict can be just as damaging to the reputation of the Society as an actual conflict.

**All National MS Society volunteers shall:**

Authorize the use of the name, emblem, endorsement, services, or property of the National Multiple Sclerosis Society only to advance the mission of the Society and in conformance with Society policy.

Seek financial or other resources in the name of the Society, in the best interests of the Society. No volunteer shall accept personal gifts or gratuities (other than very small, inconsequential benefits) from a supplier of goods, equipment or services.

Not knowingly take any action or make any statement intended to influence the conduct of the Society in such a way as to confer any financial benefit on such person or any corporation or entity in which the individual has an interest or affiliation. Volunteers shall scrupulously avoid any conflict between their own respective personal, professional or business interests and the interests of the Society. Among other circumstances, potential conflicts of interest may exist whenever a volunteer or an employee of such person or a member of his or her family has an interest in a business transaction or proposed transaction involving the Society.

Use association with the Society in public events only to advance the mission of the Society. No volunteer shall publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the position of the Society.

Maintain the confidentiality and privacy standards of the Society. No volunteer may disclose or reveal or use confidential or proprietary information of the Society or its clients without express authorization.

Not use information regarding or acquired as a result of Society relationships with corporations, or government agencies, or their employees or other sources to buy, sell, or otherwise make transactions of stock, securities or other assets of corporations, their subsidiaries, parents, or competitors or otherwise act for personal benefit or gain themselves or their relatives, friends or business associates.

Periodically affirm in writing upon request of the President of the Society or its chapters that he or she has received, read and understands and agrees to be bound by this Code of Conduct.

Members of scientific and medical professional advisory bodies must avoid situations of possible conflict of interest, or the appearance of a conflict of interest, in the recommendation of grants to their institutions. The member of any institution by which a Society grant is to be considered shall absent himself or herself from the room during the course of discussion and the vote.

In the event that a volunteer's obligation to operate in the best interests of the Society might conflict with his or her personal interests, or with the interests of any organization in which they have an interest, financial or otherwise, or with which they are affiliated, they shall disclose such conflict and any and all relevant information as soon as they become aware of it, shall absent themselves from any relevant deliberations, and shall refrain from participating in decision making in connection with the matter.

**Print Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



COMMUNICATION SPECIALISTS PUBLIC SERVICE FORM

**Bike MS Volunteer Consent Form**

**CONSENT FORM::** *(Everyone MUST complete)*

I understand and have agreed to participate in the Bike MS: City to Shore Ride 2017 as a volunteer and have read and understand my responsibilities to be performed. Based on the Consent Form, I also understand that as a representative of the National Multiple Sclerosis Society (“Society”), I must always conduct myself in a fashion that does not jeopardize the image of the Society. Volunteers of the Society will operate in a manner that is in the best interest of the Society and maintain the highest standards of conduct and ethical behavior.

**Volunteers shall:**

1. Not authorize the use of the name, emblem, endorsement, services, or property of the Society without obtaining consent to do so;
2. Not take any action that would confer a financial benefit or accept any non-trivial gifts or favors that would confer a benefit to the volunteer or an entity in which he or she has an affiliation;
3. Not publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the Society’s mission;
4. Comply with the Society’s Privacy Policy 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 Society 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 understanding that driving a vehicle (rented, borrowed, or donated) on behalf of the Society while acting within the scope of my assigned duties and without intentional malicious action provides me with liability insurance coverage as it relates to personal injury, vehicle and property damage.

It is my further understanding that when driving my personal vehicle on behalf of the Society my personal automobile insurance acts as primary insurance coverage.

It is also my understanding that the Society 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 event coordinator immediately.

**I acknowledge and represent that I have carefully read and understand all terms of this Volunteer Consent Form.**

**Print Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



N3MSS – BIKE MS: CITY TO SHORE RIDE  
September 23 & 24, 2017



COMMUNICATION SPECIALISTS PUBLIC SERVICE FORM

# SUPPORT THE RIDE & ADVERTISE

Have your company, club or even your call sign proudly displayed on the back of the  
Bike MS: City to Shore EVENT T-Shirt!

If you would like your company logo, club logo, or your call sign in the Super Booster Box this form must be filled out and returned **BY August 1<sup>st</sup>**.

Communicator T-shirts are free to all of our volunteers, but sponsor support enables us to pay for them. Please assist us in this effort by asking your employer to make a contribution and, in turn, see their logo on nearly 500 communicator event T-shirts. The same can be done for your local radio club, repeater group etc. You may also show your personal support by having your call sign and others listed in the prestigious communicator Super Booster Box on the back of our communicator Tee shirts.

- 1) To have your call sign, appropriate information below
- 2) Please make checks payable to 'National MS Society'
- 3) Mail this form and check payable to the 'National MS Society' to (BY August 1<sup>st</sup>):

**MS EVENT COMMUNICATIONS  
C/O KATHY STAFFORD (AB2LF)  
128 STONEHAM DRIVE  
GLASSBORO, NJ 08028**

- 4) If applicable, email [lauren.trager@nmss.org](mailto:lauren.trager@nmss.org) your high resolution company or club logo w/ form **BY August 1<sup>st</sup>**

-----  
**Please print clearly**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Call Sign to be listed: \_\_\_\_\_

Name of Company Logo to be listed: \_\_\_\_\_

Name of Club Logo to be listed: \_\_\_\_\_

Company Logos \$150.00 per logo x \_\_\_\_ (qty.) = \$ \_\_\_\_\_

Club Logos \$50.00 per logo x \_\_\_\_ (qty.) = \$ \_\_\_\_\_

Individual Call Signs \$20.00 per call sign x \_\_\_\_ (qty.) = \$ \_\_\_\_\_

**Form and payment due BY August 1**

GRAND TOTAL: \$ \_\_\_\_\_