



2014 Bike MS: Best Dam Bike Ride Volunteer Registration



Name _____ E-mail _____

Address _____ New Address?

City _____ State _____ ZIP _____

Preferred Phone Number (_____) _____ Type of phone? Home Work Cell

Employer/School _____ Occupation _____

Gender: Male Female Date of Birth ____/____/____ (If under 18, a notarized minor waiver form is required)

How long have you been participating in Bike MS? ____ years Rookie

Do you have a personal connection to MS? (check all that apply)

Self Parent Spouse Child Friend Other Relative None Other _____

Emergency Contact _____ Phone _____

MEDICAL CONDITIONS Please list any known medical conditions/allergies we should know about.

WEEKEND VOLUNTEER TEAM Check days available: Saturday & Sunday Saturday only Sunday only

HOURS AVAILABLE Please provide hours available: _____

SATURDAY WCTC August 2 (Waukesha County Technical College)

Wherever needed Cyclist check-in (attendance at orientation required) 6 a.m. - 8:30 a.m.

Parking 5:00 a.m. - 8:30 a.m. Breakfast 6:00 a.m. - 8:30 a.m.

Luggage loading 5:30 a.m. - 8:00 a.m. Start line/Greeter 6:00 a.m. - 8:30 a.m.

Bike unloading 5:00 a.m. - 6:30 a.m. I am not available on Saturday at WCTC

SATURDAY & SUNDAY- August 2 & 3, UW-Whitewater

SATURDAY Wherever Needed

SATURDAY Set-up Crew 9 a.m. - Noon

SATURDAY Luggage Crew 10:30 a.m. - 1 p.m.

SATURDAY Finish Line 11 a.m. - 6 p.m.

SATURDAY Party Operations Crew shifts between 9 a.m. - 9 p.m.

SATURDAY UW-W Lodging Crew Noon - 6:30 p.m.

SATURDAY Bike Lock Up shifts between 11:30 a.m. - 9 p.m.

SATURDAY Volunteer Check-in/Information Tent shifts between 9 a.m. - 9 p.m.

SATURDAY Massage Check-in 1- 6 p.m.

SUNDAY Dorm Clean-up 7:30 - 10 a.m.

SUNDAY Bike Unlock 6:30 - 8:30 a.m.

SUNDAY Luggage Loading 6 - 8 a.m.

SUNDAY Wherever Needed

I am not available Saturday and Sunday at UW-W

SUNDAY MADISON, August 3 (WPS-Madison)

- Wherever Needed
- Luggage Unloading Crew 10:30 a.m. - 1 p.m.
- Food Service in Madison 10 a.m. - 5 p.m.
- Finish Line 11 a.m. - 6 p.m.
- Bike Loading 11 a.m. - 6 p.m.
- Party Tent shifts between 9 a.m. - 6:30 p.m.
- I am not available Sunday in Madison

WEEKEND POSITIONS - Opportunities for Saturday and Sunday along the route.

- Wherever Needed
- Lunch Saturday - Dousman - 8 a.m. - 2:30 p.m.
- Lunch Sunday - Stoughton - 8:30 a.m. - 2 p.m.
- HAM Radio Operator
- Gold Wing Motorcycle Route Assistance
- SAG Vehicle Driver (must have a valid driver's license and meet certain criteria)
- Route Marking (week prior to event)
- Medical Crew (CPR, First Aid, RN, DR, PT)
- Supply Truck Driver (must have a valid driver's license and meet certain criteria)
- Rest Stop (see next question to indicate which Rest Stop)

REST STOP - If you chose Rest Stop, please indicate the group name or location _____

PHYSICAL LIMITATIONS I have physical limitations to be considered.

- Must sit Can't lift Use a wheelchair Easily Fatigued Pregnant Other

Please send me Bike MS brochures and posters.

MEDICAL ASSISTANCE If you would be willing to offer assistance in the case of an emergency throughout the weekend of the Ride, please indicate what medical training you have. Check all that apply.

- Medical Doctor RN LPN EMT Paramedic
- First Responder CPR Certified First Aid Certified I do not have any medical training

Volunteer T-shirt Size

- Child Small Medium Large X-Large XX-Large XXX-Large

TEAM INFORMATION (if applicable) I would like to form a volunteer team. Please send me information.

I am on a team. Team Name: _____ Team Captain: _____

What is your cell or alternate phone number for the weekend of the Ride? (____) _____

Return completed form to:

Mail: National MS Society-Wisconsin Chapter
1120 James Drive, Suite A, Hartland, WI 53029
Fax: 262-369-4410
E-mail: info.wisMS@nmss.org
Questions? Call (262) 369-4400 or (800) 242-3358

Information on volunteer orientation will be provided closer to the event.

- Yes, I would like to receive important National MS Society email updates, including event announcements.
- Yes, I would like to receive important National MS Society postal mail updates, including event announcements.

VOLUNTEER WAIVER

I have agreed to participate in Bike MS: Best Dam Bike Ride as a volunteer and understand the instructions and other accompanying documents relating to my position. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I hereby give permission to the National Multiple Sclerosis Society and the Wisconsin Chapter 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 further understanding that the National MS 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. Unless my role includes driving or riding in an assigned Chapter vehicle, I understand that it will be my sole responsibility to obtain the necessary mode of transportation to perform my volunteer responsibilities.

I, for myself, certify that I have read and understand the intent of waiver and release for my participation (or if registering a minor, their participation) in Bike MS: Best Dam Bike Ride.

_____ (signature)

I agree with the terms and conditions of the waiver and release above