



MULTIPLE SCLEROSIS  
ASSOCIATION OF AMERICA

Improving Lives Today!™

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DATE	COMPANY NAME	ADDRESS	CONTACT PERSON	CONTACT'S E-MAIL/PHONE #	NOTES

DATE COMPLETED: \_\_\_\_\_ I CERTIFY THAT THE ABOVE INFORMATION IS A TRUE RECORD OF MY VOLUNTEER HOURS IN SUPPORT OF MSAA.  
VOLUNTEER SIGNATURE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ IF YOU ARE UNDER THE AGE OF 18, PLEASE HAVE YOUR PARENT/GUARDIAN SIGN THIS FORM.  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Complete and turn in this form at the end of each month. Scan and email a copy to [volunteer@mymsaa.org](mailto:volunteer@mymsaa.org) or mail to the address below:

MSAA · Attn: Volunteer Services · 375 Kings Highway North · Cherry Hill, NJ 08034 or scan and email to:

\*You must provide a photo of yourself at each location completing the task assigned to receive community service hours. Contact [volunteer@mymsaa.org](mailto:volunteer@mymsaa.org) with questions.