

VOLUNTEER APPLICATION



RONALD McDONALD
HOUSE CHARITIES
NORTH CENTRAL FLORIDA

At which location(s) do you wish to volunteer? House _____ Family Room at Shands _____
Last Name: _____ First Name: _____ Middle: _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____ Birthday Month: _____ Day: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact & Phone: _____

Current Employer: _____ Work Phone: _____

Are you currently a student? _____ Is your volunteer interest a requirement for a class? _____ If so, how many hrs. are required? _____ Or is this for Community Service? _____ How many hours do you need to fulfill? _____

Have you ever been convicted, pleaded "nolo contendere," or had adjudication withheld for any crime or offense other than a minor traffic violation? _____ Yes _____ No Are you required to Volunteer? _____ Yes _____ No

If yes, by whom? _____ How many hours? _____

Previous volunteer experience: _____

Education or special training: _____

Special interests, hobbies, skills: _____

Clubs or organization/affiliations: _____

Do you speak a foreign language: _____

How were you referred to the Ronald McDonald House? _____

Please check the days and times you are most often available to volunteer:

House Hours: Morning (9:00-1:00) Afternoon (1:00- 5:00) Evening (5:00- 9:00)

FR Hours: Morning (8:00-noon) Afternoon (noon-4:00) Evening (4:00-8:00)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Signature: _____ Date: _____

Start Date: _____ Shands Orientation Date: _____ RMH Training Date: _____ Vol Code: _____

