



## Youth Volunteer Application

**Applications are accepted on a first-come, first-serve rolling basis through Wednesday, May 15th, 2019, or until all slots are filled. Interested applicants are encouraged to apply as soon as possible.**  
*(To be completed by the applicant, parent or legal guardian)*

Date of Application: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address (*include zip code*): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_  
*Please circle one: Cell Home Work* *Please circle one: Cell Home Work*

Parent's Email: \_\_\_\_\_

Student's Email: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Grade During 2019-2020 School Year: \_\_\_\_\_

Are you required to volunteer? Yes: \_\_\_\_ No: \_\_\_\_ If yes, explain: \_\_\_\_\_

Number of hours required: \_\_\_\_\_ By when (date)? \_\_\_\_\_

Previous volunteer experience:

\_\_\_\_\_

Do you speak a foreign language? Yes: \_\_\_\_ No: \_\_\_\_ (If yes list below and include level of expertise).

\_\_\_\_\_

Who referred you to or how did you hear about Ronald McDonald House Charities of North Central Florida? \_\_\_\_\_

Do you have any friends or relatives volunteering at the House? Yes: \_\_\_\_ No: \_\_\_\_

If yes, who? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Are there any medical conditions, physical limitations or other considerations which may require reasonable accommodation in order for you to volunteer? Yes: \_\_\_\_ No: \_\_\_\_ If yes, explain:

\_\_\_\_\_

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Have you ever been suspended from school or been in legal trouble? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when & what for & is it resolved? \_\_\_\_\_

**Short Response** (To be completed *only* by the student applicant):

Why would you like to volunteer for RMHCNCF? Please limit your response to about 150 words. Responses will be evaluated based upon your understanding of our mission and clarity of expression, rather than length.

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Which shifts are you available? (Please check below):

- ✓ **VOLUNTEER SHIFTS ARE 3 HOURS: FROM 9 AM – 12PM -- OR -- 12PM – 3PM.**
  - **Youth Volunteers are not permitted to stay from 9am – 3pm.**
- ✓ **VOLUNTEER DAYS ARE EITHER MONDAY/WEDNESDAY/FRIDAY -- OR -- TUESDAY/THURSDAY.**
- ✓ **YOU COMMIT TO SET DAYS AND A TIME SHIFT FOR THE DURATION OF THE SUMMER PROGRAM.**
- ✓ **OUR PLACEMENT IS FIRST COME FIRST SERVE, AND WE CAP EACH SHIFT AT 5 YOUTH VOLUNTEERS.**

**SUMMER (MONDAY, JUNE 10<sup>TH</sup> – FRIDAY, AUGUST 2<sup>ND</sup>)**

<b>MON, WED, FRI</b>	<b>TUES, THURS</b>
<b>9AM – 12PM</b>	<b>9AM – 12PM</b>
<b>12PM – 3PM</b>	<b>12PM – 3PM</b>

I, (please print your name here): \_\_\_\_\_, promise that this information is true, and that I have not left out anything important on purpose.

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Youth Volunteer Signature

Date

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(To be completed by the applicant's parent or legal guardian)

### EMERGENCY CONTACT INFORMATION

Name of Youth Volunteer: \_\_\_\_\_

\*\*\*\*\*

Name of Parent/Legal Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phones: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

\_\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone number (for emergencies only): \_\_\_\_\_

\*\*\*\*\*

Name of Parent/Legal Guardian: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phones: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

\_\_\_\_\_

Place of employment: \_\_\_\_\_

I, \_\_\_\_\_, certify that I have reviewed this application and the information provided herein is true and free of willful omissions.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

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# YOUTH VOLUNTEER AGREEMENT



Please print your name: \_\_\_\_\_

These are the promises I make in order to be a volunteer at Ronald McDonald House Charities of North Central Florida (or RMHCNCF):

1. I agree to learn and abide by all RMHCNCF rules and guidelines, even if they change while I am a volunteer;
2. I will not discuss any personal information regarding families who stay at RMHCNCF;
3. I agree to attend volunteer orientation, and all scheduled volunteer shifts;
4. I agree to provide notice of all planned absences before the start of program which begins on Monday, June 10th, 2019, to the Director of Volunteer Services;
5. I agree to fully and enthusiastically participate in the RMHCNCF Youth Volunteer Program;
6. If I need written verification of volunteer hours or a letter of reference, I will give the Director of Volunteer Services at least two weeks' notice prior to the completion of the Youth Volunteer Program ending Friday, August 9th, 2019;
7. I will tell someone on the RMHCNCF staff immediately if I need help or am having a problem of any kind; and
8. I understand that if I do not uphold these responsibilities and duties, the Director of Volunteer Services may dismiss me from the youth volunteer program at RMHCNCF.

Youth Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

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# PARENT/GUARDIAN WAIVER & AGREEMENT



I \_\_\_\_\_, agree to permit, \_\_\_\_\_, a minor under the age of eighteen, to volunteer for Ronald McDonald House Charities of North Central Florida. I believe he/she is disciplined and capable of carrying out assignments under the supervision of a sponsor. Further, I assure that he/she understands the importance of following all policies and procedures in order to maintain a home-like, high quality, clean and safe environment for the families. It is my understanding that I am responsible for him/her at all times, and that he/she will be supervised by staff, or a designated adult-volunteer sponsor, only while signed in for a scheduled volunteer shift. I will be responsible for ensuring he/she has transportation and supervision before and after each volunteer shift. Although every effort will be made to provide adequate supervision, the Ronald McDonald House Charities of North Central Florida cannot be held responsible for any physical or other harm to a volunteer before, during or after a shift.

In addition, it is the organization's right to dismiss a youth volunteer if they are not meeting the standards of the volunteer program. Each youth volunteer will have a two week probationary period where they will be reviewed by both staff and youth volunteer sponsors. If Ronald McDonald House Charities of North Central Florida staff do not believe the youth volunteer sponsor is a good fit, after the two week period we will request the volunteer be dismissed from the program.

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Parent / Legal Guardian Signature

Date

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Youth Volunteer Signature

Date

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**RMHC**  
North Central Florida

**Ronald McDonald House Charities® of North Central Florida**

1600 SW 14<sup>th</sup> Street  
Gainesville, FL 32608

Phone: 352.374.4404  
Fax: 352.335.5325  
Email: [info@rmhcncf.org](mailto:info@rmhcncf.org)  
[www.rmhcncf.org](http://www.rmhcncf.org)

# CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ (please print) understand that any information regarding our families, donors, Board of Directors, staff members and volunteers at the Ronald McDonald House or the Family Room is confidential.

I understand that this information is confidential under the Florida Statutes as well as other State and Federal regulations and is not to be shared without approval of the Executive Director. If a violation of this policy is discovered it could result in immediate dismissal.

I also understand that by signing this agreement I agree to abide by the information in the attached RMHCNCF Policy Relating to the Use of Technology and Internet.

\_\_\_\_\_

Youth Volunteer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

Please check one:

- Board Member
- Staff Member
- Intern
- Volunteer

Updated 6/29/2017

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**RMHC**

North Central Florida

**Ronald McDonald House Charities (RMHC)  
Grant, Assignment, Release and Waiver**

I/We hereby grant to Ronald McDonald House Charities , its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their agents and representatives, any of its Chapter organizations (defined as an entity having the right to Ronald McDonald House Charities, Ronald McDonald House, Ronald McDonald Family Room, and/or Ronald McDonald Care Mobile, or other trademarks for charitable purposes) (collectively, "RMHC") and McDonald's Corporation, its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their agents and representatives (collectively "McDonald's"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my/our name, voice, image, likeness and/or any other identifiable representation of myself/ourselves (collectively, "My Likeness".) These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media.) McDonald's use of My Likeness will be limited to use involving raising awareness of or for support of RMHC.

I/We agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHC and/or McDonald's, and I/we hereby assign any right I/we may have acquired in or to such material to RMHC and/or McDonald's. I/we hereby release and forever discharge RMHC and/or McDonald's from any and all claims, liabilities and damages relating to the use of My Likeness. I/we hereby waive any right I/we may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I/we have agreed to the above in consideration of the opportunity given to me by RMHC and/or McDonald's to appear in these materials. I/we acknowledge that I/we have fully read and understand this document and that I/we have had any questions regarding its effect or meaning of its terms answered to my/our satisfaction. I/we certify that I/we am/are at least 18 years of age, unless this document is also signed by my/our parent or legal guardian.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Volunteer Signature

\_\_\_\_\_  
Date

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# YOUTH VOLUNTEER T-SHIRT ORDER FORM

Blue T-shirts: \$5.00 each

Please select your size:

- Youth Small       Youth Medium       Youth Large
- Adult Small       Adult Medium       Adult Large       Adult X-Large

Today's Date: \_\_\_\_\_

Youth Volunteer Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

.....

Payment Method:  Cash     Check / Check #: \_\_\_\_\_     Credit / Debit Card

Amount: \$ \_\_\_\_\_

Debit/Credit Card No.\*: (*\*Write numbers for phone orders only*)

\_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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