

Volunteer Application Ronald McDonald House Charities of El Paso, Inc.

Ronald McDonald House Family Room at Providence Please Check One Ronald McDonald House Volunteer Instructions: Please print and complete both sides of this form and sign before turning it in. If you have any questions, please feel free to ask a Ronald McDonald House Charities staff member. Name:______ Phone#: _____ Social Security #:_____ Current Address, City, State, Zip: Emergency Contact:______ Relation:_____ Phone #:_____ Volunteers work 4 hour shifts between 8:00 am and 8:00 pm every day of the week at the Ronald McDonald House and 9:00 am 9:00 pm at the Ronald McDonald Family Room. There are exceptions such as preparing snacks/meals for families or volunteering for special events. Please list the preferred days and times you would like to volunteer. Preferred day(s) of week:______ Alternate day(s): _____ Preferred time of day: _____ Alternate time: _____ In what language(s) are you fluent? _____ How were you referred to us?____ Have you ever applied before? _____ If yes, when?____ Age (only if you are under 18): _____ Are you a student? ____ School Name: ____ Grade: ____ **WORK EXPERIENCE** Please list your most recent paid work experience: Name of organization Contact Person Phone Dates of Employment Please list job duties/responsibilities: Please list job duties/responsibilities: **VOLUNTEER EXPERIENCE** Please list any previous volunteer experience (PTA, church, scouts, etc.): Name of organization Contact person Phone **Dates Volunteered** Please list volunteer duties/responsibilities: _____

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| Which volunteer duties most in | nterest you? Please check | all that apply: | | |
|--|-----------------------------|--------------------|-----------------------|-----------------|
| Front desk (House) | House/Family Roor | n tours! | Family Room (in the | hospital) |
| Computers | Outdoor Work | Cleaning/organ | izing | Activities |
| Other, please explain: | | | | |
| | DA OKODOLINID I | NEODIA TION | | |
| | BACKGROUND I | NFORMATION | | |
| For the safety of the families staying at the Ronald McDonald House or using the Ronald McDonald Family Room, we ask that you honestly answer these next few questions. The answers to these questions are kept confidential and will not necessarily exclude you as a volunteer. | | | | |
| Have you ever been convicted | d of a felony crime? | | | |
| If yes, please explain: | | | | |
| Are you on a registry for sex of | offenders / child abuse? | | | |
| If yes, please explain: | | | | |
| Do you currently have a contagious disease or a chronic infectious disease (for example, a cold, flu, | | | | |
| tuberculosis, chronic bronchiti | s, etc.)? | | | |
| If yes, please explain: | | | | |
| Have you ever had Chicken Pox? Yes No | | | | |
| Do you have any other health or other related conditions for which you feel may limit your ability to perform | | | | |
| certain volunteer duties? | | | | |
| If yes, please explain: | | | | |
| | | | | |
| REFERENCES | | | | |
| <u>Name</u> | Company / Organization | <u>Phone</u> | Relation & # | Years Known |
| 1. | | | | |
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| 2 | | | | |
| 3 | | | | |
| I hereby certify that the above information is accurate. If needed, I authorize proper authorities to release my records or information regarding me to the Ronald McDonald House at 300 E. California, El Paso, TX 79902, specifically, but not limited to any felony or criminal records I have. | | | | |
| Applicant's Signature: | | | | |
| If under 18, Parent's Signature | <mark>ə:</mark> | | Date: | |
| Staff Signature: | | | Date: | |
| Please initial below if you agree | e with the following statem | ent: | | |
| I authorize RMHC EI Faso other promotional purposes or | and use such photos with o | or without my name | e in newsletters, bro | ochures, or any |