

VOLUNTEER APPLICATION

(All information on this application will remain confidential.)

Applying as (check all that apply):
 House volunteer
 Family Room volunteer
 Community Service Requirement
 Pet Therapy Name of Pet _____

Name _____ Mr. ___ Mrs. ___ Ms. ___

Address _____

_____ e-mail address _____

Telephone (Home) _____ (Cell) _____

(Work) _____

Birthday (Month and Date) _____ Age, if under 18 _____

Emergency Notification _____ Phone _____

Relationship _____

1. What motivated you to volunteer at RMHC?

2. What do you hope to gain from this volunteer experience?

3. Have you volunteered elsewhere? How long? How did that volunteer experience benefit you?

4. Were you referred to RMHC? If so, by whom? _____

5. At what time are you available for volunteering?

Morning _____ Afternoon _____ Evening _____

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__
Number of hours available weekly _____ Monthly _____

See reverse

6.. Do you have any physical limitations or special needs?

Lifting _____ Bending _____ Climbing Stairs _____ Other _____

8. Are you required to serve community service time? Yes ___ No ___ If yes, # hours _____

Court Mandated _____ School Project _____ Other _____

9. References – please list two, with name and phone number:

Please read carefully:

By applying to volunteer for Ronald McDonald House Charities of Central Pennsylvania, I hereby signify my willingness to attend a personal interview, volunteer orientation and any applicable volunteer updates. I authorize RMHC to contact my references or otherwise validate the information I have shared. If applicable to my volunteer duties, I authorize RMHC to conduct a child abuse clearance check. I hereby release Ronald McDonald House Charities from any and all claims and liabilities for damages of any kind relating to the furnishing and use of this information. I agree to maintain privacy of all guest and/or patient information. I certify that all statements on this application are true and complete to the best of my knowledge.

Applicant Signature

Date

RMHC Staff Signature

Date

Please return to: Ronald McDonald House Charities® of Central PA
745 West Governor Road, Hershey, PA 17033
(717) 533-4001 • Fax (717) 533-1299

For RMHC Records:

Date Application Received _____

Interview Date _____

Interviewer _____

Training/Orientation Date _____

11/2008