



RMHC
of Central Pennsylvania

Keeping families close

Ronald McDonald House Charities® of Central PA

745 West Governor Road • Hershey, PA 17033-2304

Phone: 717.533.4001 • Fax: 717.533.1299

www.rmhc-centralpa.org

Thank you for your interest in volunteering with Ronald McDonald House Charities® of Central PA! We are grateful for every volunteer who joins us in our mission to provide a "home away from home" for families with seriously ill or injured children being treated at Penn State Children's Hospital. Volunteers are the heart of our organization, and we are thankful to each for their contribution of time, energy and compassion. You must be at least 18 years old to volunteer with us and we cannot accept volunteers who are in need of court-mandated community service hours.

The following volunteer opportunities are available:

Ronald McDonald House

- ♥ House Warmer (light cleaning, making beds, working with Housekeeping Staff)
- ♥ House Office (checking families in and out, answering the phone, paperwork, etc.)
- ♥ House Greeter (front desk, answering the door, welcoming guests, etc.)

Ronald McDonald Family Room (Weekly time commitment preferred; located in the Hershey Medical Center.)

- ♥ Assist Families using the Ronald McDonald Family Room and Ronald McDonald Cart
- ♥ Stocking and cleaning the Family Room, Cart and Lounges

If you are unable to make a regular, ongoing commitment of your time, there are other ways that you can help the House: Organize a fundraising event (with prior approval), prepare a House meal or baked goods for guests, or help with our aluminum beverage can tab and magazine recycling programs. Please contact the House for further information and scheduling.

Volunteering at the House and Family Room can be challenging at times, since many of our families are under great stress as they face the crisis of an injured or seriously ill child. It can also be very rewarding, as you find yourself sharing a comforting word, or just being there to listen to a family in need. If after reading the above you decide to pursue a volunteer experience with us, please complete the attached application and return it to the address at the top of this letter, or scan and email to anoel@rmhc-centralpa.org. We'll call you to set up a time for you to come to one of our orientation sessions and soon you'll be on your way to joining the ranks of those who decided to get involved and make a difference in the lives of families. *Thank you!* ♥

Sincerely,

Alyssa Noel

Volunteer and Operations Manager

anoel@rmhc-centralpa.org

Office Use Only:

Date received: _____ Orientation session attended _____

Ronald McDonald House Charities[®] of Central Pennsylvania
www.rmhc-centralpa.org

VOLUNTEER APPLICATION

(All information on this application will remain confidential.)

Applying as (check all that apply): _____ House Volunteer (House Office, Warmer or Greeter)
_____ Family Room Volunteer

Do you need volunteer hours to fulfill a court-mandated requirement? (Please Check) Yes No

Due to the unique nature of our volunteer placements, it is policy to refer all inquiries and requests for volunteer placement by court-mandated community service to other more appropriate agencies in the community. Please DO NOT fill out/submit this application if you need court-mandated hours. Call Alyssa Noel at 717-533-4001 x158 with questions.

Are you 18 years of age or older? (Please Check) Yes No (If "no", we are unable to accept your application.)

Mr. _____ Mrs. _____ Ms. _____ Name _____

Address _____

_____ E-mail address _____

Phone (Home) _____ (Cell) _____ (Work) _____

Employer _____ Title _____

Birthday _____ / _____ / _____ (year is optional)

(month) (date) (year)

Emergency Notification _____ Phone _____

Relationship _____

1. What motivated you to volunteer at RMHC?

2. Have you volunteered elsewhere? If so, where?

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

4. When are you available for volunteering?

Morning (9am-1pm) _____ Afternoon (1-5pm) _____ Evening (5-9pm) _____
Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday___ Saturday___ Sunday___
Number of hours available weekly:_____ Monthly: _____

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

Lifting _____ Bending _____ Climbing Stairs _____ Other_____

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

7. Have you ever been convicted of a felony? Yes / No

If "Yes", please explain:

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 training 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 background checks including child abuse clearances and FBI fingerprinting.** 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

Please return to: Alyssa Noel, Volunteer and Operations Manager
Ronald McDonald House Charities® of Central PA
745 West Governor Road, Hershey, PA 17033
(717) 533-4001 ext. 158 • Fax (717) 533-1299