



# RONALD McDONALD HOUSE®

## TEEN APPLICATION

(Please Print Clearly)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First (Nickname)

Address \_\_\_\_\_  
Street City Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address, if different from above \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Physical limitations which may require a reasonable accommodation in order for you to perform volunteer work \_\_\_\_\_

Medical conditions we should be aware of \_\_\_\_\_

Medications we should be aware of \_\_\_\_\_

School you currently attend \_\_\_\_\_ Year you graduate \_\_\_\_\_

School activities in which you are involved \_\_\_\_\_

Special skills or interests \_\_\_\_\_

Other languages you are fluent in \_\_\_\_\_

How did you hear about volunteer opportunities at the Ronald McDonald House?

Friend \_\_\_\_\_ Media \_\_\_\_\_ Relative \_\_\_\_\_ Employee \_\_\_\_\_ Service Learning Guide \_\_\_\_\_

Other \_\_\_\_\_

Relatives working or volunteering at Ronald McDonald House \_\_\_\_\_

Will you be working on Bright Futures scholarship hours? \_\_\_\_\_

Any other program that requires hours (which one) \_\_\_\_\_

Target Number of hours at RMH \_\_\_\_\_ Deadline \_\_\_\_\_

Preferred Day \_\_\_\_\_ Morning (9am-12pm) \_\_\_\_\_ Afternoon (1pm-4pm) \_\_\_\_\_

Volunteer work you have done or are currently doing \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor, or other criminal offense?  
(Yes / No)

Are there any arrests or criminal proceedings currently pending against you? (Yes/No)

If yes to either, please explain. (A conviction record may not necessarily be a disqualification to volunteer.) \_\_\_\_\_

### **Teen Agreement**

I certify that the information given by me is true in all respects and that I have not made any willful omissions. I agree to abide by all present and subsequent rules and guidelines of Ronald McDonald House, and I understand such rules and guidelines may be modified at any time the RMH determines it necessary. I understand disclosure of confidential information concerning the RMH or a resident thereof, may cause immediate dismissal. As a volunteer, I agree to attend orientation and participate in the program as needed to fulfill my duties.

Teen Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent Agreement**

I agree to let my teen participate as a volunteer at Ronald McDonald House. I believe my teen is disciplined and independently capable of carrying out assignments at Ronald McDonald House; and understands the importance of following House policies and procedures in order to maintain quality resident care and a safe environment. It is my understanding that I am responsible for my teen at all times, and that my teen will receive the supervision of Ronald McDonald House only while signed in through the Volunteer Time Log and participating in a scheduled assignment.

I hereby authorize the release of information and the taking of photographs or video recordings of my child by Ronald McDonald House Charities of Tampa Bay, Inc., its agents, employees and volunteers for presentation and media purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_