



RONALD McDONALD HOUSE®

VOLUNTEER APPLICATION

Today's Date: _____ Preferred Site: Tampa St. Pete

APPLICANT INFORMATION

Full Name		Nickname	
Date of birth (including year)			
Street Address, Apt. #		City	State Zip
Cell Phone	Home Phone		
Email Address			
Emergency contact name		Relationship	
Cell Phone		Alternate Phone	
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, explain

EMPLOYMENT INFORMATION

Employer Name		Job Title	
Work Phone	May we call you at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE INFORMATION

Spouse Name	Daytime Phone #
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EXPERIENCE

Do you have previous volunteer experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list agencies:
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SKILLS

Computer literate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign languages spoken		

PHYSICAL HEALTH

For your protection, do you have any chronic health problems (i.e., special medication, under the care of a physician, etc.)? If yes, please explain
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AVAILABILITY (This is most important.)

How often are you available?	More than once a week <input type="checkbox"/>	Once a week <input type="checkbox"/>	Every other week <input type="checkbox"/>				
When would you most like to volunteer?	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening				
Day/s of the week you are most available?	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Comments:							

ADDITIONAL ROLES				
What additional volunteer roles interest you (aside from in-house roles)?				
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Special Events	<input type="checkbox"/> Donation pick up	<input type="checkbox"/> Mailings
<input type="checkbox"/> Cooking/Kitchen				

REFERENCES (please use professional employment or volunteer agency references)				
Full Name		Occupation		Phone #
Relationship to applicant				
Full Name		Occupation		Phone #
Relationship to applicant				
Full Name		Occupation		Phone #
Relationship to applicant				
Your community affiliations:				
Who referred you to RMH?				
Reason for wanting to volunteer at RMH?				

AGREEMENT	
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this volunteer application as may be necessary for volunteer participation. I understand that this application is not intended to be a contract of employment. In the event of becoming a Ronald McDonald House of Tampa Bay volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Ronald McDonald House of Tampa Bay, Inc.	
Signature of applicant	Date

FOR OFFICE USE ONLY - DO NOT MARK BELOW			
Tour with:	House:	Date	Interview:
Identification type/state/#:			
Background check:		Orientation:	
Shadow Training:			

RMH St. Pete: 401 Seventh Ave S, St. Petersburg, FL 33701 E-mail: lfields@rmhctampabay.org
 RMH Tampa: 35 Columbia Drive, Tampa, FL 33606. E-mail: msomerville@rmhctampabay.org
www.rmhctampabay.org

Thank you for your interest in volunteering!