



RONALD McDONALD HOUSE®

Student Volunteer Application

(PLEASE PRINT)

Date _____

Name _____
Last First Middle

Address _____
Street City Zip

Telephone _____ Email address _____

Date of Birth _____ Social Security # _____

Name of Parent or Guardian _____

Address, if different from above _____

Emergency contact _____ Telephone _____

Physical limitations that may require a reasonable accommodation in order for you to perform the duties of a teen volunteer _____

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 _____

Why would you like to work at Ronald McDonald House? _____

Number of hours you plan to give at RMH _____ Deadline _____

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.

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 _____

Please return to:

Maggie Somerville, RMH Operations Assistant, 35 Columbia Drive, Tampa FL 33606

04.22.10