



VOLUNTEER APPLICATION

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

APPLICANT INFORMATION			
Full Name		Nickname	Date of birth (incl year)
Street Address, Apt. #		City	State Zip
Cell #	Home Tel#	Email	
Emergency contact		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

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

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

AVAILABILITY (This is most important!)

How often are you available?	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Once a week	<input type="checkbox"/> Every other week
When would you like to volunteer?	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Day/s of the week you are 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:	
-----------	--

REFERENCES (please use professional employment or volunteer agency references)

Full Name	Occupation	Ph#	Relationship
Full Name	Occupation	Ph#	Relationship
Your community affiliations:			
Who referred you to RMHC?			
Reason for wishing to volunteer at RMHC?			

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 Charities 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 Charities Tampa Bay, Inc.

Signature of applicant	Date
------------------------	------

RMHC St. Pete: 401 Seventh Ave S, St. Petersburg, FL 33701 - Email: btramontana@rmhctampabay.org
 RMHC Tampa: 35 Columbia Drive, Tampa, FL 33606 - Email: msomerville@rmhctampabay.org
www.rmhctampabay.org

Thank you for your interest in volunteering!