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# Volunteer Application

Thank you for your interest in volunteering with Ronald McDonald House Charities of South Florida. We appreciate you taking the time to carefully fill out each field on this form, as this is a requirement for applying to volunteer with us. After application submittal and processing, you will receive a phone call or e-mail (within ten business days) from a staff member. This is an application for adults (18 & above) only.

## Volunteer Guidelines:

- Must be at least 18 years of age to volunteer.
- Due to the nature of volunteer placements, we are unable to accept court-mandated community service volunteers.
- Must submit a completed volunteer application and must be able to attend a volunteer orientation.
- In-House Volunteers must pass a criminal background check.
- Commit to volunteering In-House for a span of at least 6 months or 2 special events per year.
- Must adhere to the RMHC of South Florida Volunteer Policies and Procedures at all times.
- In-House shifts are available for 4-hours between 9a.m.–9 p.m.

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD Year

## Personal Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

## Emergency Contact

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

# Volunteer Information

## Volunteering Preferences

- Office/Operations
- Maintenance
- In-House Activities
- Housekeeping
- Fundraising
- Special Events
- Other (Specify) \_\_\_\_\_

## Availability

<i>Day</i>	<i>Start Time</i>	<i>End Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## Volunteer Questionnaire

What are your special skills, talents, and/or hobbies? \_\_\_\_\_

Community Affiliations (Organizations, nature of service, clubs, and special interests) \_\_\_\_\_

Do you have any chronic health problem? (Please include special medications, under the care of a physician, etc.)

Have you been convicted of a crime in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

## Personal References (non-relatives only)

### Reference 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Background Check Authorization Form

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that falsification of any information on organization documents may lead to denial of volunteering opportunities.

In connection with my application for volunteering, I understand that investigative background inquiries will be made on me, including consumer credit, education verification, criminal convictions, motor vehicle, worker's compensation and others. These reports will include information as to my character, general reputation, work habits, performance and experience, along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize, without reservation, any party or agency contacted by Ronald McDonald House Charities of South Florida to furnish the above-mentioned information prior to or at any time during my volunteering. The information on this form will be used solely for the purpose of conducting background checks and will be maintained in a confidential file.

I hereby release Ronald McDonald House Charities of South Florida and all of the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Ronald McDonald House Charities of South Florida to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if volunteering was denied based on information contained in a consumer credit report.

**Applicant Information - I understand that to aid in the proper identification of my file or records, the following information is necessary:** (Please Complete in Black or Blue Ink Only)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Former Name(s) *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# Volunteer Agreement

## Medical Treatment

Volunteer does hereby release and forever discharge RMHC of South Florida from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with his/her activities with RMHC of South Florida.

**Applicant's Initials** \_\_\_\_\_

## Insurance

The volunteer understands that RMHC of South Florida does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected to obtain her or his own medical or health insurance coverage.

**Applicant's Initials** \_\_\_\_\_

## Photographic Release

Volunteer does hereby grant and convey onto RMHC of South Florida all rights, title and interest in any and all photographic images, video or audio recording made by RMHC of South Florida during her/his activities with RMHC of South Florida, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

**Applicant's Initials** \_\_\_\_\_

## Fitness Statement

I am medically, physically and emotionally fit to perform activities as assigned as part of the In-House and Special Events volunteer program.

**Applicant's Initials** \_\_\_\_\_

## Agreement and Signature

I hereby agree that my answers to the In-House and Special Event volunteer application are true and correct as of the date set forth below and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my removal as a volunteer. In the event I become a volunteer for Ronald McDonald House Charities of South Florida, I agree to abide by all rules, regulations and policies set forth by the RMHC of South Florida organization's guidelines.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Please e-mail completed application to:**

veronica@rmhcsouthflorida.org

If you have any questions  
please call (786)476-2177