



## In-House & Special Event Volunteer Application

Thank you for your interest in volunteering with Ronald McDonald House Charities® of Central Florida, Inc. (RMHCCF). All sections of this application must be completed for our In-House and Special Event volunteer opportunities. After application submittal and processing, you will receive a phone call or email (within **ten** business days) from our Volunteer Manager, Chris Muszynski. **Thank You For Your Support!**

<b>Volunteer Guidelines:</b>	
•	Must be at least 18 years of age to volunteer.
•	Must submit a completed volunteer application and must be able to attend a RMHCCF Orientation and two training sessions provided by an RMHCCF staff member.
•	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 RMHCCF Volunteer Policies and Procedures at all times.
•	In-House shifts are available for 4-hours between 9 a.m.–9 p.m. at both Ronald McDonald Houses®.

<b>Contact Information:</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Apt:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Cell Phone:</b>	
<b>Occupation/ Title:</b>		<b>Employer/School:</b>	
<b>Email:</b>		<b>Date of Birth:</b>	<b>Age:</b>
<b>Emergency Contact:</b>			
<b>Relationship:</b>		<b>Phone Number:</b>	

<b>Volunteering Preferences:</b>			
In-House Volunteering Only		In-House and Special Event	RMH Family Gathering Room
Special Event Volunteering Only		Speakers Bureau	<b>Other</b> (Please Specify)

<b>Availability</b> (Please indicate the days of week and hours you are available to volunteer):		
<i>Day:</i>	<i>Start Time:</i>	<i>End Time:</i>
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

<b>At which House would you prefer to volunteer?</b>			
RMH at Florida Hospital for Children (2201 Alden Road, Orlando, FL)			
RMH at Arnold Palmer Medical Center (1630 Kuhl Avenue, Orlando, FL)			
Either			
<b>What is Your Preferred Shift Frequency</b>			
Once a Week	Twice a Month	Monthly	Bi-Monthly
Other (Please Specify)			

**Have You Ever Volunteered Before? If so, Where and For How Long?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why Are You Interested in Volunteering at the Ronald McDonald House?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are There Any Previous Experiences That Have Influenced Your Decision to Volunteer Here? And/Or Do You Have a RMH Family Story?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Tell Us What You Would Like to Gain From This Experience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Strengths Will You Bring To Your Volunteer Role?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Do You Think May Be Challenging To You?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Affiliations** (organizations, nature of service, clubs, and special interests):

\_\_\_\_\_  
\_\_\_\_\_

**Special Skills/Hobbies/Talents/Languages:**

\_\_\_\_\_  
\_\_\_\_\_

**Do You Have Any Chronic Health Problems** (special medication, under the care of a physician, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you been convicted of a crime in the last (7) seven years? \_\_\_\_\_ yes \_\_\_\_\_ no**  
**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Personal References** (Please attach two (2) written character reference letters from non-relatives.)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Apt:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Relationship:</b>	

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Apt:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Relationship:</b>	

**Medical Treatment**

Volunteer does hereby release and forever discharge RMHCCF 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 RMHCCF.

**Insurance**

The volunteer understands that RMHCCF 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.

**Photographic Release**

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

**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.

**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 Central Florida, Inc., I agree to abide by all rules, regulations and policies set forth by the RMHCCF organization's guidelines.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BACKGROUND INQUIRY RELEASE (For In-House Volunteers Only)**

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 Central Florida, Inc. 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 Central Florida, Inc. 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 Central Florida, Inc. 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)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Current Address:</b>		<b>Apt:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>

To aid in the proper identification of your file or records, the following information is also necessary. (Applicant please complete this in addition to the information on the first page. The same release applies to this information)

<b>Previous Address:</b>		<b>Apt:</b>			
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>SSN#:</b>		<b>Race:</b>			
<b>Gender:</b>		<b>Date of Birth:</b>	/	/	<b>Age:</b>

**Have You Lived in Any State(s) or Countries Other Than the One You Currently Reside In? If yes, please list the state and dates you resided in each: Yes \_\_\_\_\_ No \_\_\_\_\_**

<b>State:</b>		<b>From:</b>		<b>To:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>Zip:</b>	

<b>State:</b>		<b>From:</b>		<b>To:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>Zip:</b>	

<b>State:</b>		<b>From:</b>		<b>To:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>Zip:</b>	

<b>State:</b>		<b>From:</b>		<b>To:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>Zip:</b>	

**Are You Known By Any Other Name? If yes, Please Print Name(s): Yes \_\_\_\_\_ No \_\_\_\_\_**


**Have You Ever Been Issued or Used Another Social Security Number? If yes, Please List Numbers: Yes \_\_\_\_\_ No \_\_\_\_\_**


<b>Signature:</b>		<b>Date:</b>	
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**Please return completed application to:**  
 Ronald McDonald House Charities of Central Florida, Inc.  
 Attn: Chris Muszynski - Volunteer Manager  
 1030 N. Orange Avenue  
 Orlando, FL 32801  
 Fax: 407-581-0434

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For more information, please contact Chris Muszynski at 407-206-0957 x107 or cmuszynski@rmhccf.org