



# Volunteer Application

Personal Information		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Date of Birth (mm/dd/yyyy):</b>		
<b>Street Address:</b>		
<b>City, State, ZIP Code:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email Address:</b>		
<b>Job Status:</b> ___Employed    ___Retired    ___Homemaker    ___Student    ___Other		
<b>Employer :</b>		
<b>Address:</b>	<b>Phone:</b>	
Does your employer offer matching grants for employee volunteer time or donations? ___yes    ___no		
<b>Education: (highest level completed)</b> ___High School    ___College Degree    ___Other		
<b>Name of School/College:</b>		
<b>Major:</b>		

Volunteer Availability      Please mark your availability with an X.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

How did you hear about the Ronald McDonald House Charities of Central Illinois ("RMHCCI")?

## Volunteer Interests

Please check the areas you are interested in volunteering.

<b>Meal Preparation</b>	<b>Special Events</b>	<b>Light Maintenance</b>
<b>Computer/Data Entry</b>	<b>Fundraising</b>	<b>Yard Work/Gardening</b>
<b>Assemble Mailings</b>	<b>Recycling</b>	<b>Cleaning/Housework</b>
<b>Guest Services</b>	<b>Public Speaking</b>	<b>Office Assistance</b>
<b>Other Skills:</b> _____		

## Additional Information

**\*Volunteers 12 years or under must be accompanied by a responsible adult at all times.**

Please tell us why you wish to become a volunteer. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you volunteering to fulfill community service hours? \_\_\_yes \_\_\_no  
 If yes, please explain with whom and how many hours are needed: \_\_\_\_\_  
 \_\_\_\_\_

**\*Please note we are unable to provide court appointed community service hours.**

Will you receive academic credit for volunteering? \_\_\_yes \_\_\_no

Do you have any health problems that might limit your ability to fulfill certain volunteer responsibilities? \_\_\_yes \_\_\_no If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime?

\_\_\_yes \_\_\_no

If yes, please attach a statement describing the date(s) of the conviction(s) and the sentence(s) imposed.

## Personal References

Please list two people whom you have known for at least one year and can attest to your character, skills and dependability. You may include current or previous employers.

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

## Person to Notify in Case of Emergency

<b>Name:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	

## Our Policy

We appreciate your desire to share your time and talents at RMHCCI. A variety of volunteer opportunities exist at our House and we are looking for volunteers who are qualified for particular openings. We seek applicants who are best able to meet our varying needs at the time of application. Our commitment to safeguarding the families who stay with us is foremost.

Thank you for your interest,

*Katie Alsup*

Springfield Program Director

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in loss of my volunteer status. I understand that if I am accepted as a volunteer, either RMHCCI or I will be free to terminate the volunteer relationship at any time.

I understand that to be considered for a volunteer assignment with RMHCCI, I will be required to complete a Background Inquiry Form and Volunteer Disclosure Statement. I acknowledge a background inquiry will be made through state or federal law enforcement agencies or other sources. Any information resulting in those inquiries will be held in confidence and used only for the purpose of determining my involvement as a volunteer. I authorize RMHCCI to conduct a background check as referenced, including but not limited to, a check of records of law enforcement agencies and relevant private entities.

I certify that the information contained in this application is true, correct and complete.

Name (printed):	
Signature:	
Date:	

# VOLUNTEER RELEASE

## Liability

Volunteer (or Parent/Guardian) does hereby release, acquit, and discharge RMHCCI, its directors, officers, employees, and/or agents from any and all liabilities, accrued or unaccrued, known or unknown, asserted or unasserted, on account of any and all causes of action for all losses, damages, or liabilities (including punitive damages), attorney fees and costs, whether at law or in equity, contract or tort, whether judicial or administrative in nature, resulting from, arising out of, or connected with Volunteer's activities on or in any real or personal property controlled or owed by RMHCCI.

## Medical Treatment

Volunteer (or Parent/Guardian) hereby releases and forever discharges RMHCCI, its directors, officers, employees, and/or agents from any and all liabilities, accrued or unaccrued, known or unknown, asserted or unasserted, on account of any and all causes of action for all losses, damages, or liabilities (including punitive damages), attorney fees and costs, whether at law or in equity, contract or tort, whether judicial or administrative in nature, resulting from, arising out of, or connected with any first aid treatment or service rendered during the time of Volunteer's activities with RMHCCI.

## Photographs/Video/Digital Images

Volunteer (or Parent/Guardian) hereby grants and conveys to RMHCCI all rights, title, and interest in any and all photographic images, video, or audio recording made by RMHCCI during Volunteer's activities with RMHCCI, including, but not limited to, any use of or royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_  
Volunteer/Volunteer's Parent or Guardian

\_\_\_\_\_  
Date