



# Ronald McDonald House Charities of Southwest Virginia Volunteer Application

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

How did you learn about RMHC-SWVA?: \_\_\_\_\_  
\_\_\_\_\_

Please tell us a little bit about yourself and why you want to volunteer here:

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

Please list previous volunteer experience. Include organization, activities performed, and dates volunteered.

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

### Volunteer Skills

- Administrative
- Bi-Lingual
- Computer / Data Entry
- Cooking / Baking
- Fundraising / Soliciting
- Gardening / Landscaping
- Heavy Lifting
- Music, Photography, etc.
- Organizational Skills
- Tools / Home Improvement
- Writing / Penmanship

Is it necessary to limit your physical activity in any way? \_\_\_\_\_ If **yes**, please explain.

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

OVER

**Volunteer Preference** (select areas you are interested in volunteering)

- Carilion Children’s Hospital Family Room
- Event Volunteer
- Group Volunteering
- House Volunteer
- Maintenance & Grounds Volunteer
- Meals from the Heart

**Availability**

Preferred Times: (9:00 AM - 8:00 PM): \_\_\_\_\_

Preferred Days: (Monday thru Sunday): \_\_\_\_\_

Are your volunteer hours required?  NO  YES

If YES, please indicate the class/organization requiring the hours and HOW MANY HOURS are required:

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency, notify:**

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

Phone No.: (\_\_\_\_) \_\_\_\_\_ Alternative Phone No.: (\_\_\_\_) \_\_\_\_\_

**\*Photograph Use Permission**

- I hereby give my consent to RMHC-SWVA to use my photograph and likeness to be used in its promotional material and publications and waive any rights of ownership.
- Please do not use my photograph.

**\*Volunteer positions with RMHC-SWVA require that we obtain a criminal record background check. Some volunteer positions will require a Department of Motor Vehicle check if volunteer will be driving our organization vehicle. Do you agree to us conducting these checks?**  NO  YES

**\*By submitting this application, I agree to safeguard and treat as confidential all information (whether acquired through verbal communication, written record, or observation) pertaining to any guest family, staff member, or volunteer of the House.**  NO  YES

**\*By submitting this application, I agree to conduct myself with dignity, courtesy, and professionalism. I will uphold the standards and policies of RMHC and follow all COVID guidelines.**  NO  YES

**\*At this time, RMHC-SWVA requires volunteers to be willing to wear a mask, that covers their nose and mouth, at all times while in our House and Family Room. Are you able to fulfill this requirement?**  NO  YES

**By submitting this application:**

- I certify that answers given are true and complete to the best of my knowledge.
- I understand that this application does not guarantee a volunteer placement.
- I authorize investigation of all statements contained in this volunteer application as may be necessary for volunteer participation.
- I understand that RMHC-SWVA is not able to support Community Service mandated volunteers.
- I understand that this application is not intended to be a contract of employment and that I am offering my services voluntarily and will receive no monetary compensation.
- In the event of becoming a Ronald McDonald House Charities of Southwest Virginia 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 RMHC-SWVA.

Signature: \_\_\_\_\_

FOR OFFICE USE ONLY	_____ Interview	_____ Tour	_____ Training (scheduled)
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