



# Ronald McDonald House Charities of Southwest Virginia Group Volunteer Application

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

Company/Organization/Group Name: \_\_\_\_\_

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

Group Contact: \_\_\_\_\_

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

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

Please tell us a little bit about your group and why you all would like to volunteer here:

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### Group 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 physical activity in any way for your group? \_\_\_\_\_ If **yes**, please explain.

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### Group Volunteer Preference (select areas you are interested in volunteering)

- Event Volunteer
- House Volunteer
- Maintenance & Grounds Volunteer
- Meals from the Heart

**Group Availability**

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

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

Are your group volunteer hours community requirements?  NO  YES

If YES, please indicate the reasoning behind the requirements and HOW MANY HOURS are required:

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

**\*Group Photograph Use Permission –**

- I hereby give my consent to RMHC-SWVA to take photographs of my group and use them and their likeness in its promotional material and publications and waive any rights of ownership.
- Please do not use my photograph.

**Group Guidelines**

*Please share the below guidelines with each member.* Prior to volunteering each member will need to check-in and sign the group volunteer agreement verifying they are aware of these guidelines and agree to follow them.

***\*Volunteer positions with RMHC-SWVA required that we obtain a criminal record background check. I agree to RMHC-SWVA conducting this check.***

***\*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.***

***\*I agree to conduct myself with dignity, courtesy, and professionalism. I will uphold the standards and policies of RMHC and follow all COVID guidelines.***

***\*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. I agree to follow these requirements.***

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 my group is offering our 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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