



## Application for Adult Guest Services Volunteer



**Personal information (please print clearly)**

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

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_

(must be 18 years or older)

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home E-mail address: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

Current employer: \_\_\_\_\_

If less than 5 years at present job, list previous employer: \_\_\_\_\_

If retired previous employer: \_\_\_\_\_

Do you speak or read any foreign language? If so please provide details: \_\_\_\_\_

Can you make a commitment to RMHC for at least one year? \_\_\_\_\_

**Previous volunteer Experience**

<u>Date</u>	<u>Location</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____

**Emergency information**

Do you have any medical condition or allergy we need to be aware of? If yes please specify. \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

**Please supply two personal references:**

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

**Background information**

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, what was the charge? \_\_\_\_\_

Date convicted: \_\_\_\_\_ Where: \_\_\_\_\_



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**AS A CONDITION OF VOLUNTEERING**, I give permission for Ronald McDonald House Charities of Greater Cincinnati to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records.



#### **Media release**

I hereby give my consent for RMHC to use my photograph and likeness to be used in its publications, including, but not limited to its website and social media sites. I release them from any expectation of confidentiality for myself.

#### **Pledge of Confidentiality**

I hereby pledge that I shall 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, which I may through my affiliation with the House, so acquire.

#### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. As a volunteer at Ronald McDonald House Charities of Greater Cincinnati (RMHC), I will be punctual and conscientious in the fulfillment of my duties. If for any reason I cannot serve at the assigned time, I will notify the Coordinator of Volunteer Services or the Manager on Duty. I will conduct myself with dignity, courtesy, and professionalism. I will consider all information I acquire as confidential, including that which I may hear concerning a patient, parent, volunteer or staff member. I will uphold the standards and policies of RMHC. I will take any problem, criticism, or suggestion to the Coordinator of Volunteer Services, or the Manager on Duty. I also release and hold harmless RMHC from any personal injury, damages, expenses, and loss that may be sustained by me while participating as a volunteer.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application form and for your interest in volunteering with us.**

Please return application to:

Elise Hyder  
Director of Volunteers  
Ronald McDonald House  
350 Erkenbrecher Avenue,  
Cincinnati, OH 45229  
Fax: 513-636-5586  
E-mail: [ehyder@rmhouse.org](mailto:ehyder@rmhouse.org)