



418 N. State of Franklin Rd, Johnson City TN, 37604
(423) 975-KIDS (5437)

www.rmhsa.org

Volunteer Service Application

Name: _____ Date: _____

Address: _____

Employer & Address: _____

Home Phone: _____ Business Phone: _____

Birthday: _____ Anniversary: _____

Social Security Number _____ - _____ - _____

Education (Please check highest level attained):

() High School () High School Graduate () Some College () College Graduate

College Degree of Major: _____

Other Special Training: _____

Volunteer Experience:

Dates	Agency	Position	Volunteer Manager

Previous Employment History last 5 years:

Company Name: _____ Address: _____

Position Held: _____ Supervisor: _____

Company Name: _____ Address: _____

Position Held: _____ Supervisor: _____

List three references (other than a relative) who have known you for at least one year:

Name	Address	Phone

Note: Background checks are conducted on volunteer applications received/returned to the Southern Appalachian Ronald McDonald House Charities, Inc.

Volunteer Service Application (page 2 of 2)

Have you ever pleaded or been found guilty of a felony or a misdemeanor? Yes No
If yes, please explain when, where, and describe your conduct: _____

I authorize and consent for all named references to release any personal information about me to SARMHC. **I also consent to a law enforcement record search and/or any other background investigation of me if chosen by the volunteer office.** I understand I have consented to these things described herein, and in doing so, I further release, hold harmless, and indemnify SARMHC and all employees, officers, directors, and/or authorized agents, as well as those individuals or entities supplying such information about me, and/or conducting such search and/or investigation, from any liability claims and/or causes of action as a result of any such inquiry, search and/or investigation.

What of volunteer service interests you? _____

Indicate day(s) and time(s) you would be available to volunteer:

Shifts	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 a.m.- 12 p.m.							
12 p.m.- 3 p.m.							
3 p.m.- 6 p.m.							
6 p.m. – 8:30 p.m.							

How did you hear about Volunteer Opportunities at the Ronald McDonald House? _____

In case of emergency, notify (name/phone): _____

Physician: _____ Phone: _____ Preferred hospital: _____

I understand and agree that any false statements made as a part of this application may be considered sufficient cause for dismissal.

Signature/Date: _____

10/24/07