



418 N. State of Franklin Rd, Johnson City TN, 37604

(423) 975-5437

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 all 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		Monday	Tuesday	Wednesday	Thursday	Friday	
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

Ronald McDonald House Volunteer Profile

At the Ronald McDonald House, there are many different opportunities for using special talents and skills. We have many ongoing needs as well as special projects and committees. The following is a list of skills or interests you may wish to share. Please check any items that apply and return with your application. Remember, this is by no means an exhaustive list. Please take advantage of the "other" lines!

Office:

- Receptionist
- Record keeping
- Word processing
- Data entry
- Mailings
- Telecommunications
- House tour guide

Arts & Crafts:

- Bulletin boards/signs
- Photography
- sewing

Fund raising:

- Annual fund drives
- other fund raising opportunities

General Interests:

- Lawn & Garden
- Household maintenance
- Cleaning/Laundry
- Baking/Cooking
- Organizing

Family Support Services:

- Monthly dinners
- Holiday favors

Volunteer Support:

- Volunteer recruiting
- Volunteer orientation/training
- Volunteer recognition

Other:

10/24/07

**Letter of Agreement Between Volunteer and Southern Appalachian
Ronald McDonald House Charities, Inc.**

I, _____, understand and agree that as a volunteer with the Southern Appalachian Ronald McDonald House Charities, Inc., I am responsible for the following:

- A. Respect and observe guest rights at all times
- B. Maintain confidentiality on all matters
- C. Interact with guests and staff in a courteous, cordial manner
- D. Familiarize myself with and observe rules/policies of the House
- E. Accept training and guidance from the House staff
- F. Work without monetary compensation as a volunteer, non-paid staff member
- G. Complete my work promptly and according to standards of SARMHC
- H. Notify the House Manager/Volunteer Coordinator of problems, and/or concerns I have regarding my volunteering at the House

The Southern Appalachian Ronald McDonald House Charities, Inc. understands and agrees to provide the following:

- A. A job description/summary of the duties and responsibilities to be performed
- B. House orientation, rules/policies, and on-the-job training
- C. Supervision
- D. Record of volunteer involvement
- E. Appropriate recognition
- F. Positive work environment
- G. I have read and understand the above agreement and agree to follow this policy.
- H. I have been advised a background check will be conducted to meet SARMHC and federal/state guidelines.

Volunteer

Date

House Manager/Volunteer Coordinator

Date

10/24/07

Confidentiality Policy and Pledge

Southern Appalachian Ronald McDonald House Charities, Inc.

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All Board Members of the Southern Appalachian Ronald McDonald House Charities, Inc. assume ethical responsibilities by which they are bound to Houseguests, a member of the guest's family, themselves, and each other. The guests of the Ronald McDonald House act in confidence and we are obligated by law and ethics to reciprocate.

The following are presented to provide some guidelines concerning the matter of confidentiality except as authorized by the Board of Directors. Do not disclose to anyone.

1. Information and details about a guest or a member of a guest's family except for purposes relating to their residency at the House and then circumstances may only be discussed with a staff member so that their residency may be more appropriately provided.
2. Identifying information about a guest or a member of the guest's family except as necessary with the services provided at the House as stated in #1 above.
3. The circumstances of a guest or member of a guest's family outside the Southern Appalachian Ronald McDonald House, even though names, addresses, etc., are not revealed, as this may appear to be a breach of confidentiality.
4. Information made public through any of the news media concerning a guest or a member of the guest's family. Publication does not alter the fact that the confidentiality privileges remain in effect.
5. Information about the internal functions of the Southern Appalachian Ronald McDonald House Charities, Inc.

I have read all of the above and I understand them and agree to follow this policy.

Board Member

Date

Volunteer

Date

Executive Director

Date

10/24/07

Release and Consent form for Youth Volunteers

In consideration of my participation in volunteer work at the Southern Appalachian Ronald McDonald House, I _____, give my consent and permission to participate in said events at this organization.

As a volunteer at the SARMHC, I will comply with all rules and regulations as set forth or other communications distributed to me. The relationship between the SARMHC and me is an "at will" arrangement and may be terminated at any time, without cause, by either the SARMHC or me. I understand that I cannot serve as a Volunteer until this statement has been signed. I have read and understand the dress code requirements given to me and will adhere to this policy as a volunteer of the SARMHC.

In return for the opportunity to serve as a volunteer, I understand and agree that the SARMHC assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Releases and Indemnified Parties.

I have read the above statement and accept the same as a condition of my volunteering with the SARMHC.

Signature of Applicant

Date

To be read and signed by a Parent/Guardian of Youth:

In consideration of my son/daughter's participation in volunteer work at the SARMHC, _____, has my consent and permission to participate in the said events of this organization.

I hereby release and waive any and all claims that my son/daughter or I may have against the SARMHC and their respective Board of Directors, employees, agents and representatives resulting, in whole or part, from my son/daughter participating in the above-mentioned events. I have read and understand the dress code requirements expected of my son/daughter and my child will adhere to these policies as a volunteer of the SARMHC.

I represent to the SARMHC that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, and Indemnity.

Signature of Parent/Guardian if Applicant is under 18

Date

10/24/07

Volunteer Consent:

I, _____ authorize and consent for a law enforcement record search and or any other background investigation of me if chosen by the Southern Appalachian Ronald McDonald House Charities, Inc. I understand I have consented these things described herein, and in doing so, I further release, Hold harmless, and indemnify SARMHC, Inc. 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.

I understand that if the background check reveals information regarding activities that are not conducive to the policies and guidelines of the House I will leave the House premises immediately.

Volunteer: (print): _____

Volunteer (signature): _____

Birthdate: _____ SS# _____

Address : _____

Date Signed: _____