



RONALD MCDONALD  
HOUSE CHARITIES  
NORTHERN NEVADA

*Celebrating 25 Years*

# Volunteer Application Form

In-House Volunteer    Teen Volunteer    Family Room at Renown

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## About Yourself

Full Legal Name \_\_\_\_\_  
Last                                      First                                      M.I.                                      Name you would like us to use

Residence Address \_\_\_\_\_  
Street                                      City                                      State                                      Zip

Mailing Address \_\_\_\_\_  
Street                                      City                                      State                                      Zip

Home Tel \_\_\_\_\_ Home Fax \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Length of residency: at this address \_\_\_\_\_ Northern Nevada (RMHC service area) \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Birthdate \_\_\_\_ / \_\_\_\_  
Month                      Date

Occupation \_\_\_\_\_                      Title/Position \_\_\_\_\_

Business Name \_\_\_\_\_                      May we call you at work?    Yes    No

Business Address \_\_\_\_\_  
Street                                      City                                      State                                      Zip

Business Tel \_\_\_\_\_ Business Fax \_\_\_\_\_ Business E-mail \_\_\_\_\_

During business hours where would you like to be contacted?

Mail? Home \_\_\_\_ Work \_\_\_\_    Telephone? Home \_\_\_\_ Work \_\_\_\_    Email? Home \_\_\_\_ Work \_\_\_\_

Please list any civic, church, charitable or non-profit organizations you currently belong to or volunteer, and specify any committees or offices held:

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

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Please list other service or professional organizations you have been associated with in the last 5 years?

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Do you have any personal/professional associations with individuals, businesses or other organizations that would be considered a conflict of interest?

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**About Your Spouse**

Spouse's Name \_\_\_\_\_

Wedding Anniversary \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Children's Name(s) \_\_\_\_\_

Occupation \_\_\_\_\_ Title/Position \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Please list any civic, church, charitable or non-profit organizations your spouse belongs to:

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**Areas of Interest**

Please help us identify the unique skills and talent you possess to better benefit the children and families of Northern Nevada.

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If you feel you have a special talent to offer in the following areas, please let us know:

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Accounting             | <input type="checkbox"/> Cooking            | <input type="checkbox"/> Direct Mail Design      | <input type="checkbox"/> In-Kind Solicitation | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Audio/Video Production | <input type="checkbox"/> Decorating         | <input type="checkbox"/> Grant writing           | <input type="checkbox"/> Inventory            | <input type="checkbox"/> Translating:           |
| <input type="checkbox"/> Bookkeeping            | <input type="checkbox"/> Delivery/Pick-Up   | <input type="checkbox"/> Graphic Arts            | <input type="checkbox"/> Photography          | Language _____                                  |
| <input type="checkbox"/> Bulk-Mail Preparation  | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Hospitality/House Tours | <input type="checkbox"/> Printing             | <input type="checkbox"/> Word Processing        |

If you're interested in being a volunteer at either the Ronald McDonald House or the Family Room at Renown, please check the areas you'd like to devote your time and talent:

- \_\_\_\_\_ **Guest Registration:** Checking families in/out of the House, giving House tours, taking referrals.
- \_\_\_\_\_ **Answering Phones:** Taking messages for families & doing referrals for incoming families.
- \_\_\_\_\_ **Computer Data Entry:** Word-processing/forms/reports. Will train if you don't have computer experience.
- \_\_\_\_\_ **Baking & Cooking:** Making snacks/meals for the families.
- \_\_\_\_\_ **Housekeeping Chores:** Making beds, cleaning out cabinets.
- \_\_\_\_\_ **Organizing:** Supplies, shelves, storage, etc.
- \_\_\_\_\_ **Gardening:** Pulling weeds, clipping roses, planting flowers, etc.
- \_\_\_\_\_ **Bookkeeping:** Help with accounts payable, donation reports, or expense reports.
- \_\_\_\_\_ **Membership:** Recruiting new volunteers.
- \_\_\_\_\_ **Other:**

**Availability**

I can spend \_\_\_\_\_ hours per  week  month as a volunteer.       Short term     Long term

Please check available times:

	MON	TUE	WED	THU	FRI
9AM-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon-3PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3PM-6PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6PM-9PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Weekends :** \_\_\_\_\_  
(Please reflect all availability during weekend periods – particularly for shifts at the Family Room)

**Biographical Sketch**

In your own words, please tell us about yourself, occupation, education, family, and any information you'd like to share so that we can get to know you a little better.

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Teen Volunteer Applicants Only

School \_\_\_\_\_

Education/Special Training \_\_\_\_\_

Reason for volunteering at Ronald McDonald House \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Parent(s) Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Agreement for Teen Volunteer Project

I understand that my volunteer time is my responsibility. If I am doing this volunteer project to meet other requirements for church, school or court that it is my responsibility to have the documents necessary.

I understand that the jobs and duties may vary during the time that I am volunteering at Ronald McDonald House Charities. I may decide to leave at any time. Any schedule to volunteer can be discontinued at any time.

I understand that I must follow the standard volunteer procedures, such as signing-in at the beginning of each shift, keeping the keys in the office and informing staff of any concerns families may have that I become aware of during the process of completing my work assignment.

All family/guest information is to be kept in strict confidence. Advice will not be given on medical care, religious issues, social services or child care. Any concerns that I have will be discussed with appropriate staff members.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Permission

I give permission to have my son/daughter \_\_\_\_\_ volunteer at Ronald McDonald House. I understand the above and agree that it is not the responsibility of Ronald McDonald House Charities to complete any requirements by other programs for his/her volunteer time at Ronald McDonald House. Only hours worked and signed-in will be credited by Ronald McDonald House Charities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to help us learn a little bit about you.  
We look forward to working with you and serving our families together.