



# House and Family Support Program Volunteer Application

(For other volunteer opportunities, call 336.723.0228 x1003 or check website at [www.rmhwinstonsalem.org](http://www.rmhwinstonsalem.org))

Full Name: \_\_\_\_\_  
Title First Middle Maiden Last

Preferred Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best Way/Time to Contact: \_\_\_\_\_ How often do you check Email?: \_\_\_\_\_

I am interested in the following Volunteer Opportunities:

### House Volunteer:

Minimum Age is 15 or 18 (based on task)  
(2 hours of training)

- Kitchen Assistant
- Receptionist
- Gardener
- House Assistant

Please check when you are available

Day of Week	Morning	Afternoon
Monday		
Tuesday	N/A	
Wednesday		
Thursday		
Friday		

### Family Support Program:

Minimum Age is 21  
(9-12 hours of training)

- Bingo Caller (Monday Evenings)
- Arts and Crafts (Tu/Th afternoons)
- Bedside Support at Brenner Children's Hospital (flexible scheduling)

Please check when you are available

Day of Week	Morning	Afternoon	Evening
Monday	N/A		
Tuesday			
Wednesday			
Thursday			
Friday		N/A	N/A

- All Volunteer Opportunities listed above require a minimum one-year commitment.
- Detailed job descriptions are available by request.



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### Background Information

Highest Educational Degree Earned : \_\_\_\_\_ Major: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Are you currently a Student? \_\_\_\_\_ If so, where? \_\_\_\_\_

Major area(s) of study?: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Please list any previous Volunteer Experience (Organizations and Dates): \_\_\_\_\_

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

### Skills and Interests (you may attach a separate sheet if necessary)

Please describe why you want to become a Volunteer at the Ronald McDonald House. \_\_\_\_\_

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

How did you hear about our Volunteer Opportunities? \_\_\_\_\_

Are you able to speak a foreign language? \_\_\_\_\_ Please specify: \_\_\_\_\_

Special skills, hobbies and/or talents: \_\_\_\_\_

\_\_\_\_\_

### Transportation

RMH Volunteers are required to provide their own transportation to and from their volunteer shift. Sometimes House and Family Support Volunteers choose to help by running errands.

If applicant is under 18, a parent's permission is required before the volunteer will be allowed to run errands (using his/her own vehicle):

My child, \_\_\_\_\_, is allowed to drive on errands for RMH

My child, \_\_\_\_\_, is NOT allowed to drive on errands for RMH

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### References

Please see separate page for reference forms. Two reference forms should be mailed separately to the Ronald McDonald House. Please list professional/non-relative choices below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

### Background Check

Have you ever been arrested? \_\_\_\_\_

If yes, please give date(s), charges, county/state, and disposition of offense: \_\_\_\_\_

Photo ID: Please include a copy of your driver's license or other photo ID

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

List below previous residence(s) (city, state, zip) and any alias, maiden or other names for the past seven years. (Please begin with the most recent and include no gaps in dates)

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

How long at this address?: \_\_\_\_\_ Other names?: \_\_\_\_\_

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

How long at this address?: \_\_\_\_\_ Other names?: \_\_\_\_\_

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

How long at this address?: \_\_\_\_\_ Other names?: \_\_\_\_\_

- Social Security numbers are collected for the sole purpose of conducting background clearances.
- All application materials and background checks are kept confidential and secure.
- Failure to disclose past convictions will result in an applicant being turned down.
- Background checks will be conducted annually.



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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I give my consent to persons given as references to respond to verbal or written requests for further information.

I understand that incomplete applications will not be considered.

I authorize the Ronald McDonald House to obtain information pertaining to any charges or convictions I may have for federal and/or state or other violations.

I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a RMH Volunteer.

If appointed as a Volunteer, I agree to abide by the policies of the Ronald McDonald House and to fulfill my volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicant is under age 18)

**Thank you for your interest in volunteering at the Ronald McDonald House!**

**Please mail or deliver your application to :**

The Ronald McDonald House  
419 South Hawthorne Road  
Winston-Salem, NC 27103

**If you have further questions, please contact**  
Abby Bowman, Director of Volunteer Services  
abbyb@rmhwinstonsalem.org or 336.723.0228 x1003  
www.rmhwinstonsalem.org