



APPLICANT INFORMATION									
Full Name:								Birthday: mo/day	
				<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:									
				<i>Street Address</i>				<i>Apartment/Unit #</i>	
						<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	()			Cell Phone:		()			
E-mail Address:				Emergency Contact				Relationship	
				Phone		()		Alternate #	()
Community affiliations (clubs/organizations)									
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If yes, explain:									
Who referred you to RMH?									
SPOUSE INFORMATION									
Name:				Work Phone:		()			
Employer Name									
Community affiliations									
VOLUNTEER EMPLOYMENT INFORMATION									
Employer Name:				Title:					
Address:				Phone:		()			
May we call you at work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
EXPERIENCE									
Education , special training or hobbies									
Do you have previous volunteer experience?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, for what agency/ies?			
Reason for wanting to volunteer for RMH									
SKILLS									
Computer?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Programs			
Foreign languages spoken									
Sign language?		YES <input type="checkbox"/>		NO <input type="checkbox"/>					

PHYSICAL HEALTH

For your protection do you have any chronic health problems (i.e. special medication, under the care of a physician, etc.)? If so, please explain

AVAILABILITY

How often are you available?

<input type="checkbox"/>	More than once/week	<input type="checkbox"/>	Once a week	<input type="checkbox"/>	Every other week	<input type="checkbox"/>	Also available on call	
Which shifts can you work?	<input type="checkbox"/>	9am-1pm	<input type="checkbox"/>	10am-2pm	<input type="checkbox"/>	2-6pm	<input type="checkbox"/>	6-10pm

Day or days of the week you are most available?

<input type="checkbox"/>	Mon	<input type="checkbox"/>	Tues	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thur	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun
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ADDITIONAL ROLES

What additional volunteer roles interest you (aside from in-house roles)?

<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Speaker's Bureau	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Office/Clerical	<input type="checkbox"/>	Mailings	<input type="checkbox"/>	Computer Work
<input type="checkbox"/>	Cooking/kitchen	<input type="checkbox"/>	Donation pick-up	<input type="checkbox"/>	Other		

REFERENCES (Professional or Volunteer Agency)

Full Name:		Occupation	
Address:			
Phone	()	Relationship to applicant	
Full Name:		Occupation	
Address:			
Phone	()	Relationship to applicant	

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this volunteer application as may be necessary for volunteer participation. I understand that this application is not intended to be a contract of employment. In the event of becoming a Ronald McDonald House of Tampa Bay volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Ronald McDonald House of Tampa Bay, Inc.

Signature:		Date:	
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FOR OFFICE USE ONLY – DO NOT MARK BELOW

<input type="checkbox"/>	Tour with _____	E W C	Date: _____	<input type="checkbox"/>	Interview	<input type="checkbox"/>	Background Check
<input type="checkbox"/>	Orientation Date _____	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>	Scavenger Hunt	<input type="checkbox"/>	Shadow Training
<input type="checkbox"/>	On calendar	<input type="checkbox"/>	First Shift Note	<input type="checkbox"/>	House Database	<input type="checkbox"/>	Newsletter