

Ronald McDonald House of Danville, Inc.
P.O. Box 300
Danville, PA 17821
(570) 214-1792
(570) 2718182 Fax
Rmhdanville.org

VOLUNTEER APPLICATION

Date: _____ Application Received At: _____
(Event, Public Presentation, House)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Volunteer Day and Time Available: _____

What interested you about our Volunteer Program? _____

Are there any goals you wish to achieve through your volunteer experience at the Ronald McDonald House? _____

Are there any skills/talents you wish to share with the Ronald McDonald House? _____

Do you have any physical limitations that would impair your ability to perform as a volunteer without supplemental assistance? _____

Please list current or previous volunteer experience (list organizations, length of service).

Please list two references (not relatives) that you have known for at least one year.

1. Name: _____ 2. Name: _____
Occupation: _____ Occupation: _____
Phone Number: _____ Phone Number: _____
Length of Association: _____ Length of Association: _____

If you respond yes to any of the questions below, please explain on the provided lines.

1. Do you use illegal drugs ___Yes ___No
2. Have you ever been convicted of a criminal offense? ___Yes ___No
3. Have you ever been charges with child endangerment and/or abuse? ___Yes ___No

The Ronald McDonald House of Danville, Inc. (RMHD) focuses on the needs of children and their families. To ensure a safe environment, RMHD requires all potential volunteers to complete a Criminal Record Check and a Child Abuse History Clearance. The processing fees for the clearances will be paid by RMHD.

RMHD will try to place potential volunteers with the area of interest within the volunteer program, however, completion of this form does not guarantee placement as a volunteer within the RMHD Program.

I certify the information contained within this application to be correct and consent that my current/past employer and/or person given as references may respond truthfully to a verbal and/or written request for further information. Furthermore, I understand that all information received by RMHD, from aforementioned background checks shall remain confidential.

Applicant's Signature _____ Date _____

THANK YOU FOR YOUR INTEREST IN OUR VOLUNTEER PROGRAM!

FOR STAFF USE ONLY

Date of Interview: _____ Interviewed By: _____

1. Does applicant believe they could cope with parents who are under stress?

2. Does applicant believe they would be comfortable interacting with ill children?

3. Does the applicant believe they would be comfortable enforcing RMHD policies?

4. Would the applicant be interested in task work (filing, cleaning, organizing, etc.)?

Volunteer Interest:

___ Desk Attendant ___ Task Volunteer ___ Public Speaking ___ Meal Program

___ Jr. Volunteer ___ Special Projects ___ Camp Counselor

Chosen day and time for volunteering: _____

___ Weekly ___ Monthly

Internship/Practicum/Work Service/Community Service: _____

Name of organization: _____

Governing Agent: _____ Phone Number: _____

Length of time applicant will be involved with the Volunteer Program?

Additional Comments: _____

REFERENCE CHECK

Reference One:

Name: _____ Date: _____

Reference is familiar with the mission of RMHD. ___ Yes ___ No

Length of time reference knows applicant: _____

In what capacity does reference know applicant? _____

Please describe the temperament of the applicant. _____

To the best of your knowledge would the applicant interact well with children and adults who are under stress? _____

To the best of your knowledge would you describe the applicant as responsible? _____

To the best of your knowledge do you think the applicant would be appropriate for the RMHD Volunteer Program? _____

Additional Comments: _____

Reference Two:

Name: _____ Date: _____

Reference is familiar with the mission of RMHD. ___ Yes ___ No

Length of time reference knows applicant: _____

In what capacity does reference know applicant? _____

Please describe the temperament of the applicant. _____

To the best of your knowledge would the applicant interact well with children and adults who are under stress? _____

To the best of your knowledge would you describe the applicant as responsible? _____

To the best of your knowledge do you think the applicant would be appropriate for the RMHD Volunteer Program? _____

Additional Comments: _____

PROCESSING RECORD

Criminal Clearance Submitted: _____

Child Abuse Clearance Submitted: _____ Child Abuse Clearance Received: _____

Training Scheduled: _____ Trainer: _____

Training Scheduled: _____ Trainer: _____

Training Scheduled: _____ Trainer: _____

Training Scheduled: _____ Trainer: _____

Training Scheduled: _____ Trainer: _____

Training Scheduled: _____ Trainer: _____

Volunteer Badge Issued: _____