



Ronald  
McDonald  
House®  
Danville

24 Trembulak Way  
Danville, PA 17821

(570) 271-8182 Fax • rmhdanville.org

### Volunteer Application

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

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth date: \_\_\_\_\_

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!