



Administrative Office:  
 3413 10<sup>th</sup> Street - Lubbock, Texas 79415 Phone: 806-744-8877 Fax: 806-744-3652  
 Permian Basin:  
 500 W. 4<sup>th</sup> Street - Odessa, Texas 79761 Phone: 432-640-3090 Fax: 432-640-3075

DATE: \_\_\_\_\_

**VOLUNTEER APPLICATION - 18 AND OLDER**

**Personal Information**

Last Name	First Name	Date of Birth (mm/dd/yyyy) / /		
Current Address	Apt #	City	State	Zip
Home Phone:		Work Phone:		
E-mail Address:		Cell Phone:		
Emergency Contact:		Phone ( )		
Who shall we thank for referring you to RMHC?				

**Work and/or Volunteer Experience**

Present or Past Employer	Job Title	Dates

Name of Volunteer Organization(s)	Assignments	Dates

**More Information**

Post High School Education/Training	# Yrs. Completed	Where
<hr/> Why would you like to be a Ronald McDonald House Charities of the Southwest Volunteer? <hr/>		
Please list 2 references (employer, co-worker, friend - no relatives)		
Name: _____	Phone# _____	
Name: _____	Phone# _____	

**Volunteer Opportunities** (Please check those you are interested in)

<input type="checkbox"/> Receptionist	<input type="checkbox"/> Handy Person	<input type="checkbox"/> Van Driver/Errands
<input type="checkbox"/> Volunteer in Hospital Family Rooms Covenant or UMC	<input type="checkbox"/> In-House Cleaning and Organizing	<input type="checkbox"/> Fundraising and Special Events
<input type="checkbox"/> Recycling/Donations	<input type="checkbox"/> Guest Chef	<input type="checkbox"/> Office Assistant
<input type="checkbox"/> Bake Desserts	<input type="checkbox"/> Freezer Friend	<input type="checkbox"/> Other _____

**Can you volunteer on a regular basis?**

Are you here as a:	
_____ Student	School: _____ How many hours? _____
_____ Other	Explain _____
_____ Just to help out!	Explain _____

**Have you ever pled or been found guilty of a felony or a misdemeanor?**  Yes  No

If yes, please explain when, where and describe your conduct: \_\_\_\_\_

**Do you have any health problems that we should be aware of in case of an emergency?**

If yes, please identify \_\_\_\_\_

**List any medication(s) that you are taking that we need to be aware of:** \_\_\_\_\_

I certify that the information in this application is correct to the best of my knowledge and belief. I authorize agents of Ronald McDonald House Charities of the Southwest, Inc. (RMHC) to check with the appropriate public authorities regarding my background and history. I understand that should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that my volunteer service can be terminated with or without cause and/or notice, at any time by RMHC. If accepted, I will abide by the rules and regulations of RMHC. I understand that completing the application process does not guarantee acceptance as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I AGREE TO UPHOLD AND ABIDE BY THE POLICIES AND PROCEDURES OF RONALD McDONALD HOUSE CHARITIES OF THE SOUTHWEST, INC.

**Please note:** An adult must supervise volunteers under the age of 15, unless affiliated with a school or other organization for class requirement.



RMCH OF THE SOUTHWEST, INC.

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## Confidentiality Agreement

Employees and volunteers of Ronald McDonald House Charities of the Southwest, Inc. (RMHC Southwest, Inc.) learn about information relating to the families who stay at the House, Family Rooms, visitors, and RMHC donors whether such information be medical, financial, or otherwise. For obvious reasons, it is important that all such information remain confidential.

Accordingly, I agree that I shall maintain the confidentiality of all information relating to the families, visitors, and donors. By entering into this agreement, I agree to not disclose any such information to third parties other than is necessary to perform the job as an employee or volunteer of the House, and not personally retain any documents that reflect this information. I understand that if I violate this agreement, I will be subject to immediate termination.

Employee/Volunteer Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Your recognition of the sensitivity of family, visitors and or donor information, by and through your execution of this agreement, is greatly appreciated.

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## Receipt of Volunteer Policy Manual

*After you have thoroughly reviewed this Volunteer Policy Manual, please sign below and return this page to the Volunteer Coordinator. This signed form will be kept as part of your volunteer file.*

I have read and understand the policies, rules and regulations of RMHC as set forth in this Volunteer Policy manual, and I understand that all policies, rules and regulations, and the terms of the Policy, are subject to change, with or without notice. I will consider confidential all information about patients and families. I will not give out any information about patients and families. I will not give out any information concerning a patient's condition. If I have a specific concern or question about a particular patient or family, I will discuss this with the staff on duty. I will work to respect and protect the family's right to privacy and confidentiality.

I have read the entire Volunteer Policy Manual. I understand what it requires, and I consent to all terms.

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Volunteer Signature

Date

## Consent for Criminal Background History Check Authorization/Waiver/Indemnity

Each staff member or volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Ronald McDonald House Charities of the Southwest, Inc. to perform a criminal background check.

I hereby give my permission to Ronald McDonald House Charities of the Southwest, Inc. to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Ronald McDonald House Charities of the Southwest, Inc. and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Ronald McDonald House Charities of the Southwest, Inc. and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Ronald McDonald House Charities of the Southwest, Inc.) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name (first, middle, last)

\*Print name EXACTLY as it appears on your driver's license\*

\_\_\_\_\_  
Gender (male/female)

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Parent or Guardian Signature (if applicant is under 18 years)

\_\_\_\_\_  
Date

**\*Volunteers are required to pay for the Criminal Background Check.**

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### OFFICE USE ONLY:

Please indicate how payment was made. Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Background check search completed by: \_\_\_\_\_ on \_\_\_\_\_  
staff signature date

Sex Offender search completed by: \_\_\_\_\_ on \_\_\_\_\_  
staff signature date