



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

DATE: _____

VOLUNTEER APPLICATION

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
Why would you like to be a Ronald McDonald House Charities of the Southwest, Inc. Volunteer? _____		
Do you speak a foreign language? _____ Do you have sign language skills? _____		
If so, which language(s)? _____		

Volunteer Opportunities (Please check those you are interested in)

<input type="checkbox"/> Computers	<input type="checkbox"/> House Warmer	<input type="checkbox"/> Van Driver
<input type="checkbox"/> Decorating	<input type="checkbox"/> In-House Cleaning	<input type="checkbox"/> Visit Hospitals
<input type="checkbox"/> Fundraising and Special Events	<input type="checkbox"/> Meal Committee / Meal Donor / Baker	<input type="checkbox"/> Volunteer Mentors
<input type="checkbox"/> Gardening	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Volunteer at Family Room Covenant or UMC
<input type="checkbox"/> Handy Person	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Other _____ _____

Can you volunteer on a regular basis?

once a week
 once every other week
 once a month

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

Acknowledgement Of 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.

Volunteer Signature

Date

Use Of Personal Vehicle

When using your personal vehicle for any Ronald McDonald House Charities' business use, your personal insurance is primary coverage for any liability in an accident. This means that the insurance on your vehicle will have to pay first in the event of damage caused in an accident. The coverage from Ronald McDonald House Charities' insurance policy does not come into effect until your personal insurance policy limits are depleted and then, only if Ronald McDonald House Charities is found liable for the accident.

Any damage to your own vehicle is covered by your deductible if you have collision coverage. There is no coverage for your vehicle under Ronald McDonald House Charities' insurance at all.

These situations are true whether you are reimbursed for the use of your vehicle or not. The coverage is the same if you are an employee or a volunteer.

I have automobile insurance and a copy of my proof of insurance is attached.

I agree to notify the RMHC office if my insurance is terminated for any reason.

I will not transport Ronald McDonald House Charities' Guests or Volunteers in a non-RMHC owned or leased vehicle under any circumstances.

I am 21 years of age or older.

I have read, understand and agree to the terms stated in the explanation above.

Volunteer/Staff Signature

Date

Date of Birth

Use Of RMHC Van / Van Safety

To ensure the safety of all staff, volunteers, and guests, the following van safety rules have been implemented:

- Anyone driving an RMHC van must be on the approved drivers list and have signed this document. If there are questions, contact the Director of Administration.
- EVERYONE in the van must be properly buckled in. Do not transport anyone who is not wearing a seatbelt or a child who is not properly restrained in a car seat.
- All traffic laws must be observed when driving.
- Keep an eye on the tires to be sure they are properly inflated and have sufficient tread.
- The smaller van should have a minimum of 1/2 tank of gas at all times.
- Always drive conservatively.
- Never pull a trailer or load items on the roof of the vehicle.
- Any change to your driving record which might affect your insurability for driving the van must be reported to the Executive Director before driving an RMHC vehicle again.

I have read, understand and agree to abide by the guidelines set forth in this document. I also understand that I must provide a copy of a current driver's license and proof of insurance.

Signature

Date



Background Check Authorization Form 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 (last, first)	List maiden name or any other name used
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.**

OFFICE USE ONLY:

Please indicate how payment was made. Check: ___ Check #: _____ Cash: _____

Background check search completed by: _____ on _____
staff signature date

Sex Offender search completed by: _____ on _____
staff signature date