



Last Name _____

Name of Group _____

Date _____

School or Group Application

Please print all information

Personal Information:

Are you 18 years or older? **Yes** **No**

Volunteers that are 18 years and older are subject to a background check.

Last Name		First Name		Middle Initial			
Address		City		State		Zip	
Home Phone				Cell Phone			
Email Address				Date of Birth			

Which school do you attend? _____ How many hours are required? _____

What organization are you volunteering through? _____

Sponsor name: _____ Phone number: _____

Emergency Information:

Name		Relationship			
Home Phone		Work Phone		Cell Phone	

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 also understand that my volunteer service can be terminated with or without cause and / or notice, at any time by RMHC.

Signature _____ Date _____

Parent Signature if under 18 years old _____ Date _____



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

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.