

# Ronald McDonald House of Rochester Volunteer Application

**Personal Information (Please fill out completely)**

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

Name: Last		First		Middle	
Address:		Apt #:	City:	State:	Zip:
Home Phone: (    )			Cell Phone: (    )		
Best time to call:			Best time to call:		
E-Mail Address:					
<p>How long have you lived in MN? _____  <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i></p>					
1. Address:		Apt #:	City:	State:	Zip:
2. Address:		Apt #:	City:	State:	Zip:
How did you hear of volunteer opportunities at the Ronald McDonald House?					

**In Case of Emergency**

Emergency Contact Name:	Relationship:	Home Ph: (    )
		Cell Ph: (    )

**Employment**

Present /Most Recent Past Employer:	Address:	Job Title:
Length of Employment:	Supervisors Name:	Supervisors Phone:

**Volunteer Experience**

Organization:	Address:	Assignments:	Dates:
1.			
2.			

(Over)

## References

Please give a **COMPLETE MAILING ADDRESS** (including city, state and zip) OR **EMAIL** of 2 non-relatives. A reference questionnaire is sent. We cannot process application without full information.

Name:	Address:	Telephone #:	Relationship:
1.	Address: City:                      State:      Zip: Email:		
2.	Address: City:                      State:      Zip: Email:		

## Availability

Date available to begin volunteer service: \_\_\_\_\_

Are you able to make a 1-year commitment to the House as a HouseWarmer?

Yes → I can work a three-hour shift every week or every other week or be an active sub.

Are you able to make a 6-month commitment to the House as a Family Activity Volunteer? Yes / No

## Special Interests

Do you have a special interest or skill you would like to share with the Ronald McDonald House?

## Other

Have you ever been charged with a crime other than a minor traffic accident? Yes [ ] No [ ]

If Yes, please explain:

**Please read and sign: I certify that my answers are true and complete to the best of my knowledge.**

### Confidentiality

I agree to treat specific information I may gain through my volunteer service at the Ronald McDonald House with confidentiality. I understand that breach of confidentiality may result in immediate termination of my volunteer position.

### Statement of Health

I agree that I am in good health and do not have any restrictions, which may result in injury to myself or cause illness to others.

I understand that people with highly contagious diseases (airborne spread) and moderately contagious disease (person to person, through food or hands-on contact spread) must refrain from volunteering for 24 hours after last symptom has disappeared.

**Please sign this form in the space provided and return with your notarized Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:**

Volunteer Committee  
Ronald McDonald House  
850 2<sup>nd</sup> Street SW  
Rochester, MN 55902

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

*Acceptance as a Ronald McDonald House volunteer is subject to a Criminal Background check with no record, positive response from two references and successful completion of training.*



**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

Last Name of Applicant (please print): \_\_\_\_\_

First Name of Applicant (please print): \_\_\_\_\_

Middle Name (full) (please print): \_\_\_\_\_

Maiden, Alias or Former Name (please print): \_\_\_\_\_

Current Home Address (please print): \_\_\_\_\_

Previous Home Address (If less than 5 yrs at current address) \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

Sex (M or F) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_  
(Required for out-of-state)

This is a full, sufficient and complete authorization, pursuant to Minnesota state and federal law including, but not limited to, Minnesota Statute 13.05, Subd. 4, to release to:

Ronald McDonald House of Rochester, Minnesota, Inc.  
850 2<sup>nd</sup> Street SW, Rochester, MN 55902

all Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children.

The expiration of this information shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTARIZATION IS REQUIRED: Please have this notarized before you return it to the Ronald McDonald House.

State of \_\_\_\_\_ County of \_\_\_\_\_  
Signed, Sworn and acknowledgement before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_.