

Ronald McDonald House® Family Room St.Mary's Hospital, Madison, WI Volunteer Application Form

Please fill out this form and return to the Ronald McDonald House Madison. **Note you must be at least 21 years old to volunteer** and a criminal background and child abuse registry check (must provide proof if performed within the last 30 days of application date) is required. Please complete application and return to: 2716 Marshall Court, Madison, WI 53705.

Date: _____

_____ Mr. _____ Mrs. _____ Miss _____ Ms. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Best place to reach me: _____ Home _____ Work _____ Mobile

Email: _____

Birthday (month/day/year): _____ / _____ / _____

Education *Formal education is not required to be a volunteer. We welcome experience of all kinds!*

	Name of School	Area of Study	Start/End Dates
High School			
Post Secondary			
Professional Training/Trade			

Are you receiving credit for your volunteer hours? _____ Yes _____ No Required number of hours: _____

Are you certified in First Aid and CPR? _____ Yes _____ No

Employment History

Employer	Job Title	From	To	Reason for Leaving

Does your current employer offer a donation matching program? _____ Yes _____ No

Volunteer Experience

Organization	Placement	From	To	Reason for Leaving

Have you ever applied to volunteer with Ronald McDonald House before? _____ Yes _____ No

What type of volunteer work are you interested in? _____

Check the skills and experience you have to offer:

Languages Clerical Computer Baking/cooking
 Interacting with kids Cleaning/organizing Musical Communications/marketing
 Event planning Fundraising Crafts Other: _____

Check your main reasons for volunteering:

Academic credit Explore careers New skills Help others
 Experience Relative/friend Stay active Self esteem

Other: _____ Service Hours _____

How did you find out about our volunteer program? _____

Please check the times you are available to volunteer and note your preference for shifts (1st, 2nd, 3rd choice):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How frequently would you like to volunteer? _____ Weekly _____ Bi-weekly _____

Are there times throughout the year that you are not available (vacation, etc.)? _____

Health Information

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

Have you had chicken pox? _____ Yes _____ No

Who should we contact in case of an emergency?

Name: _____ Phone number: _____

Relationship: _____

References

Please list three references for us to contact. They may be employers (past or present), volunteer administrators, teachers, etc. **We cannot accept family members or personal friends as references.**

Name	Organization	How do you know this person?	Phone numbers Day and Evening

I certify that the information contained in this application is correct to the best of my knowledge and consent to my current and previous employer(s) and persons given as references responding to verbal and/or written requests for further information.

Date: _____ Signature: _____

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