

Section I – Personal Information:

Please Print Name:

	Middle	Loot	
First	Middle	Last	
Address:			
Number	Street	Apt/Suite #	
City	State	Zip Code	
Date of Birth: * Month _	Day	Year	
Home Phone:		Work Phone:	
Cell Phone:		Email address:	
May we call you at w	ork: Yes N	lo	
Volunteer Status: Adu	lt Group**_	Name of Org	anization
Teen*(Tee	n's DOB:) *Cle	aning group or Meal gro	oup only
*Housewarming volunteers mu **Groups of children/ teens ne		aperones, 1:4 ratios.	
Volunteer Opportuni	ties:		
	ning of rooms; laundry, re-	-stock supplies; kitchen restoo	itors and donors to the House; cking/ cleaning after meal groups,
		m. to 1 p.m., 1 p.m. to 5 p.m., month as they have available.	, or 5 p.m. to 9 p.m., seven days a
Craftsman Volunteer: Hel	p out with maintenance, v	voodworking, or plumbing, on	an "on-call" or regular basis.
		the house dusted, "spring-cle as needed. Work in group size	
Laundry Volunteer: Assis	t with laundry tasks on a r	regular basis as guests leave	the House.
Availability for Volunte	er Service: Volunt	teer Interests:	*For House Volunteer only, please

Days: Time(s):*	(Please check all that apply)	provide preferred shift (9am-1pm, 1pm-5pm, or 5pm- 9pm)
Sunday	House Volunteer	, ,
Monday		
Tuesday	Laundry Only	
Wednesday		
Thursday	Cleaning Group	Will work in groups of 3 or more
Friday		
Saturday	Craftsman	
Hobbies and Skills:		

Section II – Background Information:						
Have you been convicted of a felony?Yes No If Yes Comments?						
******** hack	around check v	vill be performed prior to acce	ntance into this volunteer pro	gram		
A buck				grann.		
Employment	History: (pas	st three years):				
Employer		Address, Job Title, Te	Address, Job Title, Telephone Dates of Employm			
1.						
2						
Education:	High Scho	ool:				
	Post nigh	School/College:				
Voluntoor Ex	norionee. (o	a . Community organizatio	una Church Sacuta Saba	ala ata)		
Volunteer Ex	perience. (e.	g.: Community organizatio	ins, Church, Scouts, Scho	ois, eic)		
Orgar	nization	Address	Assignments	Dates		
1						
3						
References:						
Name	;	Address	Relationship	Phone		
2.						
		nald House to verify the c		n and, to conduct a		
background	check.					
I		(applicant) hereby aut	horize verification of all st	atements herein and		
release Ronal	d McDonald I	House Charities and all oth	ers from liability in connec	tion with same.		
Applicant's	Signature			Date		
	•			2 410		
Please return Ronald McDo		harities of Central Ohio	Tel: (614) 227-1107			
Attn: Heidi Dra	ake		Fax: (614) 227-3765	tralahia ara		
711 E. Livings Columbus, Ol			heidi.drake@rmhc-cen rmhc-centralohio.org	แลเงทีเง.งาน		