

**RONALD McDONALD HOUSE CHARITIES OF CENTRAL GEORGIA**

1160 Forsyth Street

Macon, Georgia 31201

Phone 478.746.4090 Fax 478.746.0580

**VOLUNTEER SERVICE APPLICATION**

CONFIDENTIAL INFORMATION

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

(PLEASE PRINT CLEARLY)

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Age: Under 16 (**Parent will be primary volunteer**)  
16-21 21-64 Over 65

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**Employment**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_

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**Student** ♦ **Note: NO duties delegated to volunteers under 16, parent will be primary volunteer**

Are you presently attending school?  Yes  No Name of school \_\_\_\_\_

Will you be receiving academic credit for your volunteer work?  Yes  No

Are the volunteer service hours required? \_\_\_\_\_ If so, the number of hours \_\_\_\_\_

Date hours must be completed \_\_\_\_\_

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**Volunteers are required to make a minimum 6 month commitment.** Can you make a 6 month commitment to the Ronald McDonald House?  Yes  No

If no, please explain \_\_\_\_\_

How did you hear about the Ronald McDonald House Volunteer Program? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If Yes, please explain: \_\_\_\_\_

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## **GENERAL VOLUNTEER RESPONSIBILITIES**

The volunteer staff is of key importance to the Ronald McDonald House. RMH In-House volunteers are responsible for assistance in the daily operation of the House as well as promoting direct interaction with its resident families.

### **OFFICE SERVICES**

- \* Assemble Mailings
- \* General Clerical

### **BUILDING AND GROUNDS**

- \* House Cleaning
- \* Interior Maintenance/Repair

### **Guest Services**

- \* Guest Assistance and Support
- \* Guest Registration

### **Miscellaneous**

- \* Fundraisers
- \* Special Events

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## **VOLUNTEER OPPORTUNITIES**

### **HOUSE VOLUNTEER**

- Serves as receptionist for the House:
  - Answering Phones
  - Giving House Tours
  - Routine tasks for daily operations of the House, Helping with daily chores
  - Assists with day to day operations of the House

### **WEEKEND MANAGER**

- Serves as Manager for the House, Friday, 6:00 pm through Sunday, 6:00 pm.
  - Living/Sleeping accommodations provided.
  - Responsible for weekend operations (Office & Guest, Building & Guest Services)

### **MCMEAL PROGRAM**

- Group (8-10 people) or individual prepares evening meal for our families (30-35 people).

### **SPECIAL EVENTS**

- Assist in planning, organizing and implementing special events for the House.

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## **SHIFTS AVAILABLE**

**Volunteer shifts will be assigned on an as needed basis only**

- ♦ House volunteer shifts are available seven (7) days a week.
- ♦ You may work a shift weekly; every two weeks, monthly; or FLEX (the FLEX volunteer calls the House monthly when they know their personal/work schedule and fills in on a needed shift).

\* Shifts Available: Please check those for which you are available.

#### Monday – Friday

- 9:00 am – 12:00 noon
- 12:00 noon – 3:00 pm
- 3:00 pm – 6:00 pm
- 6:00 pm – 9:00 pm

#### Saturday

- 1:00 pm – 4:00 pm

#### Sunday

- 1:00 pm – 4:00 pm

\* Day(s) Available: Please check day(s) you are available.

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

I would like to volunteer (circle one)      weekly      2x month      3x month      1x month

## **ADDITIONAL INFORMATION**

### **PERSONAL REFERENCES – HOUSE VOLUNTEERS**

Please list three people whom you have known for at least one year and can attest to your character, skills, and dependability. You may include current or previous employers. Attached is a Reference Information Form. **Please have listed references complete the form and return to Volunteer Coordinator.**

Name	Phone	Relationship

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### **PLEDGE OF CONFIDENTIALITY**

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record or observation) pertaining to any resident, staff member or Volunteer of the Ronald McDonald House Charities of Central Georgia, which I may, through my affiliation with the House, so acquire. Failure to comply with this policy will result in volunteer's dismissal.

I have read and do understand the foregoing pledge of confidentiality.

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

\_\_\_\_\_  
Date

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I understand the importance of this volunteer commitment and have answered the application question honestly and to the best of my knowledge. I give Ronald McDonald House Charities of Central Georgia permission to check the references I have listed. Certain volunteer positions require a background check.

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

\_\_\_\_\_  
Date



Applicants under the age of 18 must have this application signed by their parent or guardian. This applicant has my permission to volunteer at the Ronald McDonald House of Central GA.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Mail to:**

**Donna Rainwater, Program Administrative Assistant  
Ronald McDonald House Charities of Central Georgia**

**1160 Forsyth Street**

**Macon, Georgia 31201**

**Phone: 478.746.4090**

**Fax: 478.746.0580**

**Email: [paa@rmhccga.org](mailto:paa@rmhccga.org)**

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**FOR OFFICE USE ONLY:** Initial when completed

**DATE RECEIVED:** \_\_\_\_\_

\_\_\_\_ Orientation/Training

\_\_\_\_ Assigned Shift

\_\_\_\_ Exceed

\_\_\_\_ On Telephone List (sub list)

\_\_\_\_ Birthday List

# Ronald McDonald House Charities of Central Georgia

## Volunteer Reference Information

**Reference Name:** \_\_\_\_\_

I am applying to volunteer with the Ronald McDonald House Charities of Central Georgia and would like to use you as a reference. Please take a moment to complete the following reference information for the House. Please note the information will be kept confidential.

Once completed please fax the form to the Volunteer Coordinator at 478.746.0580 or mail it to the Volunteer Coordinator at 1160 Forsyth St., Macon, GA 31201.

Thank you!

**Volunteer Applicant's Name** \_\_\_\_\_

1. How long have you known the applicant?
2. Please rate the applicant in regard to the following characteristics:

Excellent                      Good                      Satisfactory                      Poor

Cooperative \_\_\_\_\_

Reliable \_\_\_\_\_

Personable \_\_\_\_\_

Efficient \_\_\_\_\_

Considerate \_\_\_\_\_

Caring \_\_\_\_\_

Responsible \_\_\_\_\_

3. Would you recommend this applicant for volunteer service?

4. Comments

The Ronald McDonald House of Central Georgia is a *Home Away From Home* for the families of seriously ill or critically injured children being treated at local hospitals.

**Ronald McDonald House Charities of Central Georgia**

**1160 Forsyth Street**

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