



RONALD MCDONALD HOUSE CHARITIES® (RMHC®)  
OF THE COASTAL EMPIRE

# VOLUNTEER APPLICATION



“THE HOUSE THAT LOVE BUILT”

Thank you for your interest in volunteering for the Ronald McDonald House Charities® (RMHC®) of the Coastal Empire! Volunteers are the heart of our house. With only a few paid staff members and the need for 24/7/365 coverage at the House, there is a tremendous need for volunteer service.

Please fill out the following volunteer application and return to the RMHC® office. We will review your information and contact you shortly to explain the volunteer orientation that is associated with your position. All our volunteer positions require a general orientation. If you are volunteering to help at the House, you will be scheduled to shadow an experienced volunteer until you are comfortable with the policies and procedures of the RMHC®. If you have any further questions, please feel free to call **RMHC® of the Coastal Empire at (912) 350-7641**.

Please note that all volunteers must be *18 or older* unless they are a member of our Teen Board. **Currently, we are unable to provide court-ordered community service or accept any volunteers who need to complete court-ordered community service.**

### VOLUNTEER POSITIONS AVAILABLE

#### HOUSE VOLUNTEER: (3 Hour Shifts)

General office work (answering door, phone, etc.) and a variety of tasks around the House such as answering the doors, replenishing supplies, inspecting rooms, as well as light housekeeping.

#### FAMILY ROOM VOLUNTEER: (3 Hour Shifts)

Act as a host for hospital Family rooms. Signing in families and guests; re-stocking supplies, light housekeeping. *Must be fully vaccinated to volunteer in the hospital.*

#### HOSPITALITY CART: (2-3 Hour Shifts)

Operating the hospitality cart in the Children's Hospital. Representing RMHC to families and patients in the hospital. *Must be fully vaccinated to volunteer in the hospital.*

#### SPECIAL EVENTS: (Various Times)

**If interested in our Adopt-A-Meal program, please contact us at [volunteer@rmhccoastalempire.org](mailto:volunteer@rmhccoastalempire.org)**

**Please return the completed application to [lizzy@rmhccoastalempire.org](mailto:lizzy@rmhccoastalempire.org)**



Ronald McDonald  
House Charities® (RMHC®) of the Coastal Empire  
Volunteer Application

**General Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

**Interest and Availability**

**Please select the activities you're interested in.**

- |  |  |
|--|--|
| <input type="checkbox"/> Ronald McDonald House Volunteer | <input type="checkbox"/> Events              |
| <input type="checkbox"/> Memorial Family Room            | <input type="checkbox"/> Candler Family Room |

*Please describe*

**Please choose all times that you are available to volunteer.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Monday Morning    | <input type="checkbox"/> Monday Afternoon    | <input type="checkbox"/> Monday Evening    |
| <input type="checkbox"/> Tuesday Morning   | <input type="checkbox"/> Tuesday Afternoon   | <input type="checkbox"/> Tuesday Evening   |
| <input type="checkbox"/> Wednesday Morning | <input type="checkbox"/> Wednesday Afternoon | <input type="checkbox"/> Wednesday Evening |
| <input type="checkbox"/> Thursday Morning  | <input type="checkbox"/> Thursday Afternoon  | <input type="checkbox"/> Thursday Evening  |
| <input type="checkbox"/> Friday Morning    | <input type="checkbox"/> Friday Afternoon    | <input type="checkbox"/> Friday Evening    |
| <input type="checkbox"/> Saturday Morning  | <input type="checkbox"/> Saturday Afternoon  | <input type="checkbox"/> Saturday Evening  |
| <input type="checkbox"/> Sunday Morning    | <input type="checkbox"/> Sunday Afternoon    | <input type="checkbox"/> Sunday Evening    |

**How often are you interested in volunteering?**

- Once a week       Monthly  
 Twice a month       Other

**Is this a community service requirement?**

- Yes       No

**If this is a community service requirement, how many hours must you complete and by what date?**

\*Note- for individuals completing a community service requirement we require either a 6 month and/or 40-hour commitment

**How did you hear about RMHC® of the Coastal Empire?**

**Why would you like to become a volunteer for RMHC® of the Coastal Empire?**

**What skills would you like to use in your volunteer role?**

**Do you speak a foreign language? If so, which language(s)?**

**Please share any physical limitations so that we can place you in the best volunteer position.**

**Is there any medical information or medical conditions/allergies that you would like to share with us in case of an emergency?**

## Personal References

Please list two personal references who are not related to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street Address

Apartment/Unit #

City

State

ZIP Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street Address

Apartment/Unit #

City

State

ZIP Code

## Volunteer Experience (e.g. community, civic, religious organizations)

If you have any previous volunteer experience, please share with us below.

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Assignments: \_\_\_\_\_ City: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Assignments: \_\_\_\_\_ City: \_\_\_\_\_

Please list any additional volunteer experience that you would like to share with us.

## Employment

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

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

Street Address

Apartment/Unit #

City

State

ZIP Code

Have you ever been found guilty of a felony or a misdemeanor (excluding traffic citations)?

Yes  No

If you answered yes to the previous question, please explain:

**Agreements- Please read, sign, and date below.**

I hereby certify that the information contained in this application is correct to the best of my knowledge. I understand that before beginning my volunteer service, I will submit to a reference and background check as well as abide by and attend any additional orientation processes.

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

I understand that this application does not guarantee a volunteer placement with RMHC®. I understand that should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that I will not receive payment for my service and that my volunteer service may be terminated with or without cause and/or notice by RMHC®. If I am unable to fulfill my scheduled commitment, I will notify RMHC® with as much notice as possible.

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

I, \_\_\_\_\_, submit RMHC® the right and permission to use photographs of myself, motion pictures, recordings, or any other record of this interview for legitimate purpose of RMHC®. I hereby release and discharge RMHC® from any and all claims, actions, and demands arising out of or in connection with the use of the above, including, without limitation, and all claims for invasion of privacy and libel.

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

I, \_\_\_\_\_, understand that the RMHC® of the Coastal Empire does NOT provide court ordered community service hours to volunteers. I am not currently in need of court ordered community service hours and understand that should this change, I will be unable to obtain these hours with the RMHC® of the Coastal Empire. Furthermore, I understand that should I submit hours served at the RMHC® of the Coastal Empire for court ordered community service hours, RMHC® of the Coastal Empire will contact the court system to void hours submitted.

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

***Please note: An adult must supervise volunteers under the age of 18, unless a member of the Teen Board.***

**Please return the completed application to [lizzy@rmhccoastalempire.org](mailto:lizzy@rmhccoastalempire.org)**