



Ronald McDonald House of Connecticut

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthday (m/d/yr): _____ Social Security#: _____

Occupation: _____ Employer/ School: _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Please tell us about yourself

Give a short description of yourself and how you would like to participate in Ronald McDonald House Activities: (please include Special skills/hobbies/training)

Do you have access to or contacts for products or services that could be useful to RMH? YES NO
If yes, please Explain:

Volunteer Information

Previous or current volunteer experience (Organization, nature of service, dates):

Have you had experience with a seriously ill child or the death of a child? YES NO If yes, please Explain:

References

Please list three non-family references

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Company: _____ Phone: _____
 Address: _____

Do you know someone who works at RMH of CT? Yes No Name: _____

What are your personal expectations of this volunteer experience?

Shift Preferences and Availability

Sunday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm
Monday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6 pm	<input type="checkbox"/> 6-9pm
Tuesday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm
Wednesday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm
Thursday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm
Friday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm
Saturday	<input type="checkbox"/> 9am-12	<input type="checkbox"/> 12-3pm	<input type="checkbox"/> 3-6pm	<input type="checkbox"/> 6-9pm

As a house volunteer, can you commit to at least 3 hours: Per week Every other week Per month



Disclaimer and Signature

Ronald McDonald House Volunteer Agreement

As a part of this organization, I understand the following:

- I will be responsible for doing all my dishes should I eat anything. I understand that all eating and drinking will be done in the kitchen or dining room.
- I will keep the volunteer office clean and tidy.
- I will take good care of all House equipment.
- I understand that the needs of the families take priority over any tasks. They are the only reason we are here.
- I understand that the computer in the office is for house related use only. NOTHING personal should be downloaded. Any personal use should be kept to a minimum.
- Smoking is only permitted outside the House down by the dumpster on Sylvan Avenue.
- I will uphold all of the policies of the House, whether or not I agree with them.

If I fail to abide by these rules, I may be asked not to volunteer here any longer.

The House staff reserves the right to make exceptions or changes to these rules at any time, for any reason.

I have read the information that I have provided and it is true. I voluntarily offer my services with a clear understanding that there will be no monetary compensation; I will be prompt and regular in my service; I will notify the appropriate person if I am unable to perform my volunteer duties as assigned; All applicants are required to have a background check; I agree to conform to all policies and regulations as stated in our volunteer and House operational manual.

Signature: _____ Date: _____

Ronald McDonald House of Connecticut
860 Howard Avenue
New Haven, CT 06519
Office: 203-777-5683 Fax: 203-777-3082