



Ronald McDonald  
House Charities®  
of Connecticut &  
Western Massachusetts

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

## VOLUNTEER PROFILE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SEC.#: \_\_\_\_\_

Best days & times to contact you: \_\_\_\_\_

Indicate the reason you are seeking a volunteer position: *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Personal Fulfillment               | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Family/Friends involved in service | <input type="checkbox"/> Extra Time               |
| <input type="checkbox"/> Requirement for class/degree       | <input type="checkbox"/> Other _____              |

OPTIONAL ITEMS: These are for statistical purposes and will not affect your volunteer placement.

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Marital status:  Single  Married  Divorced  Widow/Widower

Educational Information:  College degree  Trade school  
 Attending school  None of the above

Are there any groups with whom you would not feel comfortable working?  Yes  No

If yes, who are they? \_\_\_\_\_

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Ronald McDonald House of Springfield • 34 Chapin Terrace, Springfield, MA 01107

☎ (413) 794-5683 ☎ (413) 794-8199 fax 🌐 [www.rmhc-wma.org](http://www.rmhc-wma.org)

*A program of Ronald McDonald House Charities of Connecticut and Western Massachusetts.*

DO YOU HAVE TRANSPORTATION?  Yes  No

TIMES YOU ARE AVAILABLE:  Weekdays  Weekends  
 Mornings  Afternoons  Evenings

How did you learn about the Ronald McDonald House?

- Friend  Employer  Instructor  Co-worker  
 Media: NEWSPAPER RADIO TELEVISION WEB RMH NEWSLETTER  
 Poster/Flyer  RMH Event  Other \_\_\_\_\_

Briefly state what you see as the benefits of *Volunteer Service*: \_\_\_\_\_

\_\_\_\_\_

Briefly state what you see as the disadvantages of *Volunteer Service*: \_\_\_\_\_

\_\_\_\_\_

List your work experience: (Use back of sheet if necessary)

\_\_\_\_\_

Please explain any conditions which affect your ability to work with others: \_\_\_\_\_

\_\_\_\_\_

List any organizations, if any, of which you are currently a member: \_\_\_\_\_

\_\_\_\_\_

Is there a particular type of volunteer work in which you are interested?

- Public Speaking  Fundraising  Housekeeping  Filing  Mailing/stuffing Envelopes  
 Special Events  Newsletter  Tours of House  Grounds-keeping  Clerical work  
 Data Entry  Cooking  Baking  Pop Tabs

**COMMITTEework:**

- Gala  Golf Tournament  Red Shoe Run 5K  Events and Planning

**COURT REFERRAL**

HAVE YOU BEEN CONVICTED OF A FELONY?  Yes  No

IF YES, WHEN? \_\_\_\_\_ WHERE: \_\_\_\_\_

What was the nature of the offense(s)? \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN ORDERED BY A JUDGE TO DO COMMUNITY SERVICE?

Yes  No

Name and phone of your probation officer: \_\_\_\_\_  
\_\_\_\_\_

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**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCE:**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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PLEASE READ THE FOLLOWING CAREFULLY AND SIGN.

I understand and fully acknowledge that in volunteering for the Ronald McDonald House I am entering an *at will relationship* and that this relationship can be terminated at any time by me or by the Ronald McDonald House for good cause, bad cause, or no cause at all.

I further understand by signing this agreement I give permission for the Ronald McDonald House to contact references, to check driving and/or criminal background if deemed appropriate. I understand I may have to give additional information to the Ronald McDonald House to secure such records.

It is my understanding that all information I provide to the Ronald McDonald House is true and complete to the best of my knowledge. I understand that I must provide information to the Ronald McDonald House regarding any medical problems and/or medications I am currently taking. I further understand that I may be asked to undergo training where applicable for areas of the Ronald McDonald House need be.

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

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(optional workspace)