



Volunteer Application

Date: _____

Personal Information:

Name _____ Date of Birth ___/___/___

Address _____ City _____ State _____ Zip _____

Home Phone (____) ____-____ Cell Phone (____) ____-____

E-Mail Address _____

Emergency Contact List three in order that you would like them contacted:

_____ Phone (____) ____-____

_____ Phone (____) ____-____

_____ Phone (____) ____-____

Work and/or Volunteer Experience:

Present or Past Employers _____

Job Title _____ Dates _____

Name of Volunteer Organization _____

Assignment _____ Dates _____

More Information:

How did you hear about the volunteer opportunity? _____

Why would you like to be a volunteer at the Ronald McDonald House Charities of

Northwest Ohio? _____

What are your special skills that you would like to bring to the house?

Availability for In- House Volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am-12pm	_____	_____	_____	_____	_____	_____	_____
12pm-3pm	_____	_____	_____	_____	_____	_____	_____
3pm-6pm	_____	_____	_____	_____	_____	_____	_____
6pm-9pm	_____	_____	_____	_____	_____	_____	_____

Volunteer Opportunities that I am interested in:

_____ Reception/Office	_____ Cooking/Baking
_____ Cleaning/Maintenance	_____ Decorating
_____ Grounds Work	_____ Special Projects

References:

Name _____	Phone (____) _____ - _____
Name _____	Phone (____) _____ - _____

RMHC Volunteer Information

Name _____ Birthdate _____

Number of Years with RMHC _____

What brought you to the RMHC? _____

Past or Present Occupation _____

Volunteer Jobs Held _____

Important People in Your Life _____

Hometown _____

Favorite Hobbies _____

Most Prized Possession _____

Most Memorable Experience _____

One Thing that is Unique about you _____

Name and Address of a Friend or Family Member that You Think Might Be Interested In

Becoming a Volunteer at RMHC _____

Thank you for sharing your thoughts and time in filling out this questionnaire. We appreciate each of you and all you do for the House and our guests.