

VOLUNTEER APPLICATION

Personal Information:

Name _____
First Last DOB: MM/DD/YEAR

Address _____
Street

City State Zip Code

Contact Information:

Home Phone () _____ Company/Employer: _____
 Cell Phone () _____ Position: _____
 Work Phone () _____
 E-mail address: _____ @ _____

What is the best method to contact you? _____

Ronald McDonald House: 5-15 (w/ adult chaperone) 16-17 (parent release required) adult

Volunteer Commitment:

I am able to commit to the Los Angeles Ronald McDonald House for a minimum of:
 Minor: **6 month commitment**
 Adult: **1 year commitment**

Reason for Volunteering: school- honors / club Graduation requirement

♥ to serve religious / church requirement Other: _____

Number of hours needed _____ By _____ (date)

Please list any special skill set _____

Please list any health or physical limitations*: _____

* _____ (Initials) Please note- volunteers need the ability to stand, walk, stoop, squat/crouch, climb stairs, reach, twist/turn, pull, push, lift up to 25 lbs., speak hear, and grasp. Also, our facility is not able to accommodate Court ordered community service hours or probation based community service hours

Time Availability: Please mark the time slots that generally work best for your schedule (Typical 2 Hr. shifts)

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| 9a-12p | | | | | | | |
| 12p-3p | | | | | | | |
| 3p-6p | | | | | | | |
| 6p-9p | | | | | | | |

PERSONS TO NOTIFY IN EMERGENCY (REQUIRED FOR ALL VOLUNTEERS)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

PARENT / GUARDIAN PERMISSION (REQUIRED FOR VOLUNTEERS AGES 16-17)

RELEASE AND WAIVER OF RIGHTS: In consideration of participation in volunteer service with the Los Angeles Ronald McDonald House and of this authorization, I hereby, on behalf of myself, my spouse, my child/ward participating herein, my heirs, executors and administrators, waive any and all rights we may have as a result of the activity which my child will be engaged in doing volunteer work and any injury which may occur to my child in connection therewith, against the Los Angeles Ronald McDonald House; Ronald McDonald House Charities of Southern California, Inc.; Ronald McDonald House Charities and any of their officers, agents, or employees.

In the event of a serious emergency, illness, or injury requiring medical treatment, permission is hereby granted to the Los Angeles Ronald McDonald House and its agents to obtain emergency medical care and related services for my child, as it deems necessary. The choice of physician(s), ambulance(s), or hospital(s) shall be at their sole discretion.

Signature of Parent / Guardian

Date

PHOTO RELEASE (OPTIONAL)

I hereby agree and consent to be photographed, filmed or videotaped on the premises of Ronald McDonald House Charities® of Southern California and any of its programs for publicity purposes, and may be broadcast over public airways. I also understand that my name may be used. I waive all claims for any compensation for such or for damages against RMHCSC or any of its directors, employees or agents.

Signature _____ Date _____

Signature _____ Date _____

Signature of parent if under 18

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge.

Signature _____ Date _____

Signature _____ Date _____

Signature of parent if minor

