



**Los Angeles
Ronald
McDonald
House**

Meal of Love/Group Activity Application

Personal Information:

Group Name _____

Group Leader _____

First

Last

Address _____

Street

City

State

Zip Code

Contact Information:

Cell Phone () _____

Other Phone () _____

E-mail address: _____

Meal of Love:

Date requested:

First Choice: _____ Arrival Time: _____ Serving Time: _____

Second Choice: _____ Arrival Time: _____ Serving Time: _____

Menu planned? _____

Additional actives planned? _____

Number of people in group: _____ (Should not exceed **15**, exceptions may be made)

Group Activity:

Date requested:

First Choice: _____ Arrival Time: _____ Activity Start Time: _____

Second Choice: _____ Arrival Time: _____ Activity Start Time: _____

Activity planned? _____

Number of people in group: _____ (Should not exceed **15**, exceptions may be made)

Please check all that apply to verify you have read and understood the responsibilities and rules involved in hosting a Meal of Love or Group Activity with the Los Angeles Ronald McDonald House.

- Guidelines for hosting a Meal of Love or group activity
- Meal of Love Food Handling Guidelines
- Meal of Love Cleaning Procedures
- Group Activity Cleaning Procedures
- Liability Waiver

Return completed form to:

Melody Jaramillo

4560 Fountain Ave.

Los Angeles, CA 90029

Fax: 323-669-0552 Phone: 323-644-3088

mjaramillo@rmhsc.org



@ Los Angeles Ronald McDonald House

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 _____

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



GUIDELINES FOR HOSTING “MEALS OF LOVE”

1. Please fill out the application form to request a date and time for your meal. After submitting your application, a member of our staff will confirm your date and time.
2. The House has two fully stocked kitchens. Each kitchen is equipped with four stove top / convection ovens, three outdoor gas grills, and four microwave ovens. Cleaning products are available to assist you in returning the kitchen to being in a clean condition.
3. We are unable to receive food prepared at home. Please purchase all ingredients for your meal and prepare all food on site.
4. Any volunteer who is ill must not attend since many of our children are immune suppressed.
5. **It is necessary that you provide the following:**
Food and ingredients for your meal, drinks such as iced tea, juice, bottled water, or soft drinks, paper or plastic plates and plastic eating utensils, and we recommend aluminum serving trays to serve meal and store leftovers. Lastly, plastic gloves for food handling.
*The House will provide napkins for the meal.
6. Lunch or dinner should be prepared for approximately **90 people** in addition to any members of your group wishing to join in at meal time.
7. We recommend that you have a couple of people serve the meal to our families versus letting them help themselves. Serving is much more orderly and our families feel more taken care of.
8. Lunch is served around noon and dinner is served around 6:00 p.m. Most groups arrive about an hour earlier to set up and prepare the food. We ask that you make the meal available for at least one hour after you begin serving. This gives most of our families time to return from the hospital for the meal. Please package and store any leftovers in our refrigerator.
9. **Under no circumstances are photos or videos of our families permitted** unless you have pre-arranged it with a member of our administrative staff. Our families' privacy is important to us.

For more information on hosting a Meals of Love
Please email us at mjaramillo@rmhcsc.org
or call the Volunteer Hotline at 323-644-3088



@ Los Angeles Ronald McDonald House

MEAL OF LOVE FOOD HANDLING PROCEDURES

We have a very susceptible guest population and our sick children run great risk of infection. It is for this reason that we kindly ask you to adhere to the following precautions. **If you are displaying signs of a cold or flu please do not come to the House to volunteer. We ask that you stay home for 7 days after the start of the illness and your fever is gone.**

- Wash hands before and after preparing food.
- Wash your hands at least every 1½ hours with soap and water. Alcohol-based hands cleaners are also effective. The proper way to wash your hands includes using water and lathering your hands while singing the Happy Birthday song twice.
- Use protective gloves whenever handling food.
- Disinfect surfaces before and after preparing food.
- Properly cover leftover food with aluminum foil or plastic wrap before placing in refrigerator.
- Food left unrefrigerated or without proper wrapping beyond a reasonable time period should be discarded.
- Many condiments (ketchup, soy sauce, mayonnaise, salsa, etc.) require refrigeration after opening. Read instructions on the jar or bottle. This may also be true for syrups, jams or jellies.
- Any baked goods (cookies, crackers, candy, etc.) left out on the counter for sharing must be securely wrapped in plastic wrap / aluminum foil or kept in a sealed bowl / other food storage container.
- Check expiration date before using or eating anything – discard as appropriate.



MEAL OF LOVE CLEANING PROCEDURES

We greatly appreciate your group coming to our house and providing our families with a Meal of Love or group activity. We kindly ask for your assistance in maintaining the cleanliness of our home by adhering to the following:

- Place all left overs into plastic or aluminum containers. Label all food with **date, time** and **food description**.
- Place all perishable leftovers in the fridge. The Guest Services Associate can assist with the storing of any non-perishable leftovers
- All dishes must be washed and put away prior to leaving. The dishwasher is available; you will find dishwasher soap with a Guest Services Associate behind the front desk.
- Wipe all stovetops, countertops and microwaves that were used.
- Throw away trash; please empty trash can and replace bags. A Guest Services Associate can direct you to the trash dumpster.
- Sweep the kitchen **AND** dining room floor prior to leaving. A Guest Services Associate will provide you with a broom.



GROUP ACTIVITY CLEANING PROCEDURES

We greatly appreciate your group coming to our house and providing our families with a group activity. We kindly ask for your assistance in maintaining the cleanliness of our home by adhering to the following:

- **If you're doing arts and crafts with paint or markers please bring a table cover to help us protect our table tops.**
- Return any tables or chairs moved during your activity to their original location.
- Please collect scraps of paper off table tops and sweep floors if necessary. Our Guest Services Associate can provide you with a broom.
- We gladly accept left over donated arts and crafts supplies. Please collect the items and give it to our Guest Services Associate located at the front desk.
- If trash bins are filled by your group, please remove to trash dumpster and replace bin with a new trash bag.
- If your group is baking, please wash, dry, and return kitchen items used during your activity.



LIABILITY WAIVER

Name of Group: _____ Date: _____

Program Location: LARMH Meal/Activity

ELECTION OF REMEDY

As a condition of my volunteer service with the Ronald McDonald House Charities® of Southern California (“RMHCSC”) and in consideration for my use of RMHCSC facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured during my RMHCSC volunteer service, or subsequent thereto as a result of such service, that I am hereby electing to be covered under RMHCSC Participant Accident Insurance Program (“Program”) as a volunteer for RMHCSC. This election of remedy shall be binding on myself, my heirs, administrators, executor and assigns. I understand that coverage under RMHCSC Participant Accident Insurance Program is secondary to my own personal medical or accident insurance, if any, and in the event I do not have such insurance coverage, RMHCSC Program shall provide primary coverage up to the limit of the policy of \$50,000 for covered medical expenses. A copy of the plan is available for my review in the RMHCSC Central Office located at 765 S. Pasadena Ave., Pasadena, CA 91105

WAIVER, RELEASE & INDEMNITY

In consideration of my use of RMHCSC facilities and equipment and of my coverage under RMHCSC Accident Insurance Program, I, the above named Volunteer, hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service against RMHCSC, its officers, agents, volunteers, and/or employees (herein after referred to collectively as “RMHCSC”), whether the same shall arise by contract, the negligence of any of said persons, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RMHCSC FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

I, the above named Volunteer, for myself, my heirs, administrators, executors, and assigns do hereby agree, in the event any claim for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against RMHCSC to defend, indemnify, and hold harmless RMHCSC from and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of RMHCSC.

I hereby expressly waive all rights under Section 1542 of the Civil Code of California which states that a “general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known by him/her must have materially affected his/her settlement with the debtor.”

AUTHORIZATION TO TREAT

In case of medical and/or surgical emergency, I authorize RMHCSC to arrange for any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act/or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I, the above named volunteer, have read and understand the above “election of remedy,” the “waiver, release and indemnity,” and the waiver of Civil Code Section 1542 rights, and agree to all of them.

I hereby expressly waive all rights under Section 1542 of the Civil Code of California which states that a “general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known by him/her must have materially affected his/her settlement with the debtor.”



Photo Release

Ronald McDonald House Charities of Southern California® Grant, Assignment, Release and Waiver

I hereby grant to Ronald McDonald House Charities of Southern California® (RMHCSC), its affiliates, subsidiaries, advertising and promotional agencies, and their agents and representatives (collectively, "RMHCSC"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness").

These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHCSC, and I hereby assign any right I may have acquired in or to such material to RMHCSC. I hereby release and forever discharge RMHCSC from any and all claims, liabilities and damages relating to the use of My Likeness.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHCSC to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Print Name Signature (Parent's Signature if a minor)

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