



**Ronald McDonald
House Charities®**
South Central Ontario

Volunteer Application

1510 Main Street West, Hamilton, ON L8S 1E3
Phone: 905-521-9983 x 2110 Fax: 905-521-9515

Thank you for your interest in volunteering with Ronald McDonald House Charities South Central Ontario (RMHCSCO). Volunteers play an integral role in providing a warm, compassionate and safe 'home away from home' for families of seriously ill children who are receiving treatment at our local children's hospital. All volunteer applications are reviewed with consideration of current volunteer opportunities. Applications are kept on file for three months.

Last Name:		First Name:	
Address: (if student, please use local address)			Apt:
City:	Province:	Postal Code:	
Address 2: (applicable for students with a non-local address)			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email address:			
Birthdate (must be 18 years of age or older): Month _____ Day _____ Year _____			

Emergency Contact Name:	Relationship:
Home Phone:	Cell Phone:

Health Information:

Have you ever had chicken pox? Yes No

Do you have any health concerns that may affect children staying at the House or visiting the Family Room? Yes No

If yes, please describe: _____

Do you have any physical limitations that could restrict what is asked of you in your volunteer role? Yes No

If yes, please describe: _____

Area of Interest: (please note all roles may not be available at time of application)

- | | | |
|---|---|---|
| <input type="checkbox"/> Breakfast Service | <input type="checkbox"/> Dinner Service | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Movie Night | <input type="checkbox"/> Gardening | <input type="checkbox"/> Toy Washing |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> House Pantry Assistant |
| <input type="checkbox"/> Family Room (at McMaster Hospital) | <input type="checkbox"/> Happy Wheels Cart (at McMaster Hospital) | |

Availability: Please check the day and time period you would prefer to volunteer.

Note: not all days/times will be available for all roles.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings Afternoons Evenings Nights (between 8pm-11pm)

Is your availability: Year-round School year only Specific months only (see below)

If specific months only, please specify the months you are **NOT** available: _____

**References: Please provide the name and email address for three personal references.
Please do not use the names of family members.**

1.	Name:	I have asked this person to be my reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
	How does your reference know you?	
	Email Address:	
2.	Name:	I have asked this person to be my reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
	How does your reference know you?	
	Email Address:	
3.	Name:	I have asked this person to be my reference: <input type="checkbox"/> Yes <input type="checkbox"/> No
	How does your reference know you?	
	Email Address:	

Why do you want to volunteer with Ronald McDonald House?

Previous/Current School and/or Work Experience:

Previous Volunteer Experience:

Special skills, interests & hobbies:

How did you hear about us?

- School Employer Family/Friend Current volunteer: _____
 Newspaper TV/Radio Website Staff Member: _____

Have you visited our website for more information? www.rmhcscsco.ca

Requirements to volunteer (to be obtained following interview):

- Criminal Record & Judicial Matters (Police) Check
- General Orientation/Training Shifts
- 2-step TB test & Health Clearance (for Family Room & Happy Wheels Cart Volunteers only)
- 3 personal references

I certify that all the information provided in this application is correct to the best of my knowledge. If it is found that I have given false information in this application, such falsification will constitute full and sufficient grounds for dismissal from volunteering at Ronald McDonald House.

I understand that the Volunteer Services Department at Ronald McDonald House Charities South Central Ontario will contact the reference(s) submitted to verify information given on this application and to provide any additional information about my qualifications to volunteer.

I understand the importance of this volunteer commitment and agree to abide by all rules and adhere to all policies of Ronald McDonald House.

Applicant Signature: _____ Date: _____