

VOLUNTEER APPLICATION

Name: _____

Company: _____

Address: _____

Home Phone: _____

Work Phone: _____

Facsimile: _____

Email: _____

Birthday: _____

Occupation: _____

Emergency Contact Information

Name: _____

Contact #: _____

Do you have any medical condition that we should be aware of in the event of an emergency?

Yes No

If yes, please explain:

Do you have any special talents or hobbies?

Are you familiar with Ronald McDonald House Charities®?

Yes No

If yes, please explain:

Why are you interested in volunteering for Ronald McDonald House Charities of Jacksonville?

What do you hope to gain from your experience as a volunteer?

What experience, skills or knowledge do you feel you will bring to Ronald McDonald House Charities of Jacksonville?

Please list any previous volunteer experience you have had. Include the name of the organization(s), length of service, responsibilities and name of your supervisor(s).

When are you available? Indicate times you are able to volunteer on the appropriate days.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please indicate your area(s) of interest as a volunteer:

<input type="checkbox"/> <i>Receptionist</i>	<input type="checkbox"/> <i>Music Therapy</i>
<input type="checkbox"/> <i>House Warmer</i>	<input type="checkbox"/> <i>Art Therapy</i>
<input type="checkbox"/> <i>Family Room Host</i>	<input type="checkbox"/> <i>Caring Cooks</i>
<input type="checkbox"/> <i>Other:</i> _____	

Please list two local references (NO RELATIVES) that you have known for at least one year.

Name: _____

Occupation: _____

Contact #: _____

Years Known: _____

Name: _____

Occupation: _____

Contact #: _____

Years Known: _____

I hereby apply for active membership as a volunteer for Ronald McDonald House Charities of Jacksonville. I agree to abide by all rules and regulations governing the organization. I agree to attend an interview and training before being assigned to service.

Applicant Signature

Date

BACKGROUND INVESTIGATION

To be considered for a volunteer position with Ronald McDonald House Charities of Jacksonville, Inc., applicants are subject to a background investigation with the Florida Department of Law Enforcement and other state, out-of-state and local agencies.

Applicants are evaluated on the merits of their qualifications for positions available regardless of the individual's race, sex, color, national origin, age, disability, religion, marital status or status as a veteran.

This Background Investigation is being completed for criminal background histories by state and/or federal agencies. Persons who have been convicted of any felony offenses or misdemeanor offenses involving drugs, child abuse, assault or any violent behaviors are not eligible to volunteer for Ronald McDonald House Charities of Jacksonville, Inc.

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to, a crime? This includes DUI or DWI; criminal conviction; disbarment; sanction or exclusion related to Medicare, Medicaid, or any other federal or state-funded healthcare program(s); or ineligibility for participation in a federal or state-funded healthcare program?

Yes No

If yes, please explain in detail (DATE/PLACE/OFFENSE(S)/DISPOSITION):

Have you ever been charged with a crime and either been placed on court ordered probation, had adjudication withheld, entered a pre-trial intervention program or have any criminal charges now pending?

Yes No

If yes, please explain in detail:

PLEASE PRINT ALL INFORMATION AND SIGN BELOW:

NOTE: *List first and middle names as they appear on your birth certificate. List ALL last names you have ever used as OTHER NAME(S).*

LIST ALL STATES AND COUNTIES IN WHICH YOU HAVE RESIDED OUTSIDE OF FLORIDA WITHIN THE PAST SEVEN YEARS.

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN, INCLUDING MAIDEN NAME:

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DRIVERS LICENSE: _____

STATE OF ISSUANCE: _____

SEX: Male Female

RACE: Caucasian African American

Asian Hispanic

Other: _____

Applicant Signature

Date

Ronald McDonald House Charities of Jacksonville, Inc.

CONFIDENTIALITY CERTIFICATE

I, _____ (PRINT) understand that any information regarding the families utilizing and donors to the programs operated by Ronald McDonald House Charities of Jacksonville, Inc. is confidential. I understand that this information is confidential under the Florida Statutes as well as other state and federal regulations.

Applicant Signature

Date

SOLICITATION AND/OR DISTRIBUTION OF LITERATURE

I understand that I may not solicit and/or distribute literature to families or staff of Ronald McDonald House Charities of Jacksonville, Inc. on RMHC property. This includes selling, vending, collecting contributions of money or signatures, engaging in verbal persuasion and/or delivering merchandise during my volunteer shift.

Applicant Signature

Date

VOLUNTEER CONSENT, WAIVER AND RELEASE

I hereby give my consent to Ronald McDonald House Charities of Jacksonville, Inc. to prepare, use, reproduce, publish and/or exhibit my name, picture, portrait, likeness, and/or voice in or in connection with the production of newsletters, press releases, promotional materials or the RMHC website.

A photograph, photo transparency, audio-visual tape or audio-visual illustration may be used without my prior examination of the finished product.

I hereby waive my rights to privacy in connection with the consent given above, and I hereby release, discharge and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever. I agree that this consent and waiver will not be made the basis of a future claim of any kind against the staff and personnel of Ronald McDonald House Charities of Jacksonville, Inc.

Volunteer Name

Volunteer Signature

Witness

Date

Ronald McDonald House Charities

GRANT, ASSIGNMENT, RELEASE AND WAIVER

I hereby grant to Ronald McDonald House Charities (RMHC), its local Chapters and programs, advertising and promotional agencies and their agents (collectively, "RMHC"), the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself. These materials may appear in any form, style, color or medium whatsoever now or hereafter known (including, without limitation: photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing any identifiable representation of me (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 RMHC, and I hereby assign any proprietary right I may have acquired in or to such material to RMHC. I hereby release and forever discharge RMHC from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself.

I have agreed to the above in consideration of the opportunity given to me by RMHC 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.

Volunteer Name (PRINT)

Volunteer Signature

Address

Date

City/State/Zip

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I consent to the use of his/her name, voice, likeness and/or other identifiable representation of him/her as set forth above.

Parent/Guardian Signature

Volunteer Birthday (MONTH/DAY/YEAR)

Parent/Guardian Name (PRINT)

From time to time, RMHC materials are shared for McDonald's promotional purposes to demonstrate their support of RMHC. May we share your information/images?

Yes

No