

**RONALD McDONALD HOUSE CHARITIES OF CENTRAL GEORGIA**

1160 Forsyth Street  
Macon, Georgia 31201

Phone 478.746.4090

[www.rmhccga.org](http://www.rmhccga.org)

Fax 478.746.0580

**VOLUNTEER SERVICE APPLICATION**

**CONFIDENTIAL INFORMATION**

(PLEASE PRINT CLEARLY)

Date: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Age:  Under 16 (**parent will be primary volunteer**)  
 16-21  21-64  Over 65

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**Employment**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_

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**Student \*\*Note:** No duties will be delegated to volunteers under the age of 16. The parent will be the primary volunteer.

Are you presently attending school?  Yes  No Name of school \_\_\_\_\_

Will you be receiving academic credit for your volunteer work?  Yes  No

Are the volunteer service hours required? \_\_\_\_\_ If so, the number of hours required \_\_\_\_\_

Date hours must be completed \_\_\_\_\_

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**Volunteers are required to make a minimum 6 month commitment.** Can you make a 6 month commitment to Ronald McDonald House Charities?  Yes  No

If no, please explain \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

**NOTE: House Volunteers are required to pass a background check.**

# GENERAL VOLUNTEER RESPONSIBILITIES

Volunteers are the heart of Ronald McDonald House Charities. As the House is a haven for the **families** of the sick children, House volunteers have limited contact with children. Volunteers interact with individuals from all geographic, socio-economic and ethnic/racial backgrounds. Volunteers must be compassionate, responsible, and flexible.

## **OFFICE SERVICES**

- \* Assemble Mailings
- \* General Clerical

## **BUILDING AND GROUNDS**

- \* House Cleaning
- \* Interior Maintenance/Repair

## **Guest Services**

- \* Guest Assistance and Support
- \* Guest Registration

## **Miscellaneous**

- \* Fundraisers
- \* Special Events

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## VOLUNTEER OPPORTUNITIES

### **HOUSE VOLUNTEER**

Serves as a receptionist for the Ronald McDonald House

- Answering Phones
- Giving House Tours
- Completing routine tasks for daily operations of the House, including helping with daily chores
- Assisting with day to day operations of the Ronald McDonald House

### **WEEKEND MANAGER**

Serves as House Manager for the Ronald McDonald House from Friday at 6:00 pm through Sunday at 6:00 pm

- Living/Sleeping accommodations are provided
- Responsible for all weekend operations (Office, Building, and Guest Services)
- A staff member is on call if needed

### **MEAL PROGRAM**

A group (no more than 8 people) or individual prepares the evening meal for our families (30-35 people)

### **SPECIAL EVENTS**

Assists in planning, organizing and implementing special events (i.e. fundraisers and House events)

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## SHIFTS AVAILABLE

House volunteer shifts are available seven (7) days a week. Shifts are assigned on an as needed basis.

Volunteers may work weekly; every two weeks, monthly, or FLEX (FLEX volunteers call the Program Director monthly when their schedule permits and fills in on a needed shift)

\* Shifts Available: Please check those for which you are available.

### Monday – Friday

- 9:00 am – 12:00 pm
- 12:00 pm – 3:00 pm
- 3:00 pm – 6:00 pm

### Saturday

- 1:00 pm – 4:00 pm

### Sunday

- 1:00 pm – 4:00 pm

6:00 pm – 9:00 pm (\*6-9 pm volunteers must be 21 years of age. This shift is especially important as volunteers supervise the serving of the evening meal)

\* Day(s) Available: Please check day(s) you are available.

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

\* I would like to volunteer:     weekly     2x month     1x month     other \_\_\_\_\_

## ADDITIONAL INFORMATION

### PERSONAL REFERENCES – HOUSE VOLUNTEERS

Please list three people whom you have known for at least one year that can attest to your character, skills, and dependability. You may include current or previous employers. Attached is a Reference Information Form. **Please have listed references complete the form and return it to the Program Director.**

Name	Phone	Relationship

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### PLEDGE OF CONFIDENTIALITY

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record or observation) pertaining to any resident, staff member, or Volunteer of Ronald McDonald House Charities of Central Georgia, which I may, through my affiliation with the organization, so acquire. I understand that failure to comply with this policy will result in my dismissal.

I have read and do understand the foregoing pledge of confidentiality.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give Ronald McDonald House Charities of Central Georgia permission to check the references I have listed. I understand that House volunteers must pass a background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Applicants under the age of 18 must have this application signed by a parent or guardian. *This applicant has my permission to volunteer with Ronald McDonald House Charities of Central GA.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Mail to:**  
**Program Director**  
**Ronald McDonald House Charities of Central Georgia**  
**1160 Forsyth Street**  
**Macon, Georgia 31201**  
**Phone: 478.746.4090**  
**Fax: 478.746.0580**  
**Email: [hm@rmhccga.org](mailto:hm@rmhccga.org)**

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**FOR OFFICE USE ONLY:** Initial when completed

\_\_\_ Orientation/Training

\_\_\_ Assigned Shift

\_\_\_ On Telephone List (sub list)

**DATE RECEIVED:** \_\_\_\_\_

\_\_\_ Exceed

\_\_\_ Birthday List

# Ronald McDonald House Charities of Central Georgia

## Volunteer Reference Information

Reference Name: \_\_\_\_\_

The individual named below is applying to volunteer with Ronald McDonald House Charities of Central Georgia and would like to use you as a reference. Please take a moment to complete the following information for the organization to use in considering his/her application. Any information you provide will be kept confidential.

Once completed, please fax this form to the Program Director at 478.746.0580 or mail it to 1160 Forsyth Street, Macon, Georgia 31201, ATTN: Program Director

Thank you!

Volunteer Applicant's Name \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. Please rate the applicant in regard to the following characteristics:

<b>Cooperative</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Reliable</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Personable</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Efficient</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Considerate</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Caring</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
<b>Responsible</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor

3. Would you recommend this applicant for volunteer service?  Yes  No

4. Comments \_\_\_\_\_

Ronald McDonald House Charities believes in keeping families close. We are a place of refuge in a sea of chaos for families who are away from home seeking medical care for a child.

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