

# RONALD McDONALD HOUSE CHARITIES of Southern Colorado

## Volunteer Application

Please designate area(s) of interest:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> RM House                                    | <input type="checkbox"/> RMHC Special Events | <input type="checkbox"/> RM Family Rooms     |
| <input type="checkbox"/> Cleaning                                    |  | <input type="checkbox"/> Memorial Hospital   |
| <input type="checkbox"/> Office                                      |  | <input type="checkbox"/> St. Francis MC      |
| <input type="checkbox"/> Donation of meal or baked goods ingredients |  | <input type="checkbox"/> Children's Hospital |
| <input type="checkbox"/> Cooking/baking at the house                 |  |  |

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

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

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

\_\_\_\_\_

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

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

### Availability:

How often are you able to volunteer? \_\_\_\_\_ days per week/month

Please designate shifts that you would be available for:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
9am-1pm	___	___	___	___	___	___	___
1pm-5pm	___	___	___	___	___	___	___
5pm-9pm	___	___	___	___	___	___	___

**Emergency Contact Information:**

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

**Current Employer or School:**

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

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

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

How did you learn about the RMHC Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be an RMHC volunteer? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, grant Ronald McDonald House Charities of Southern Colorado the right and permission to use photographs, recordings or video of myself for the legitimate purpose of Ronald McDonald House Charities.

I hereby release and discharge Ronald McDonald House Charities of Southern Colorado from any and all claims, actions and demands arising out of or in connection with the use of any of the above, including, without limitation, any and all claims for invasion of privacy and libel.

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

Please return to the Volunteer Coordinator  
carriesslavens@rmhcsoutherncolorado.org  
FAX: (719) 471-7147