

# RONALD MCDONALD HOUSE CHARITIES

## Volunteer Application

Please designate area(s) of interest:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> RM House    | <input type="checkbox"/> RMHC Special Events | <input type="checkbox"/> RM Family Room |
| <input type="checkbox"/> General     | <input type="checkbox"/> Golf Tournament     | <input type="checkbox"/> Memorial       |
| <input type="checkbox"/> Baking      | <input type="checkbox"/> Holiday Open House  | <input type="checkbox"/> St. Francis MC |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other _____         |   |
| <input type="checkbox"/> Other _____ |  |   |

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

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

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

\_\_\_\_\_

Phone Numbers:

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

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

Availability:

How often are you available 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	___	___	___	___	___	___	___

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RM House Only**

*Age (if under 18):* \_\_\_\_\_

*Do you have any physical conditions that would limit you from performing any tasks (general housekeeping, office work, yard work, etc.)? If so, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Please return to RMHC at 311 N. Logan, Colorado Springs, CO 80909 or fax to 719-471-7147**

**THANK YOU!**