



Ronald McDonald
House Charities
of the Four States



Ronald McDonald Family Room Volunteer Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Best time to call _____

Work _____ Best time to call _____

Cell Phone: _____ E-mail Address: _____

Employer _____

Occupation _____ Employment Hours and Days _____

Date of Birth (Must be 18) _____ Education Level Completed _____

Any physical/medical limitations or special medications we need to be aware of?

Volunteer Day and Time Preferences

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00-1:00							
1:00-5:00							
5:00-9:00							

How often would you like to volunteer?

Once a week _____ Twice a week _____ Every other week _____

Are you available on major holidays? (New Year's Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, Hanukkah)

When can you start? _____

Have you pleaded guilty to or been convicted of a misdemeanor or felony charge, including any suspended execution or imposition of sentence, or any period of probation or parole? _____

Are you listed on the Department of Social Services (DSS), Division of Aging, Employee Disqualification List of those found to have abused or neglected elderly or handicapped patients or residents? _____

Have you been convicted of a criminal offense related to health care or listed by the Department of Health and Human Services as debarred or excluded from participation in federally funded healthcare programs? _____

EMERGENCY CONTACT INFORMATION:

Name _____

Telephone(s): _____

Relationship _____

Work & Volunteer Experience References:

Please list the names, addresses, and telephone numbers of three people who have knowledge of your skills and abilities who would recommend you as a volunteer.

<u>Name</u>	<u>Phone</u>	<u>Assignments</u>	<u>Dates</u>

Special Interests, Previous Volunteer Experience, Hobbies & Skills:

How did you hear about the Ronald McDonald Family Room?

Why do you want to be a volunteer for the Ronald McDonald Family Room?

I certify that the information contained in this application is correct to the best of my knowledge. I consent to my current employer and persons given as references responding to a verbal or written request of further information. I understand that Ronald McDonald House Charities of the Four States and Mercy requires a background check to be used solely for volunteer-related purposes. I will provide Ronald McDonald House Charities of the Four States with my social security number to permit a background check to occur. I release Ronald McDonald House Charities of the Four States or its agents from any liability resulting from use or disclosure of the information obtained from the background check. I have read this release and consent statement and understand all of its terms. I sign it voluntarily and with full understanding of its significance.

Signature: _____

Date: _____

Please complete and return this form to:

Ronald McDonald House Charities of the Four States
Attn: Family Room Program
PO Box 2688
Joplin, MO 64803

Contact us at: 417-624-2273, or visit our website at: www.rmhjoplin.org for more information.

CONSUMER REPORT DISCLOSURE & RELEASE DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substances of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Social Security Number: _____ Date of Birth: _____

Print Applicants First Name: _____

Middle Name: _____

Last Name: _____

Have you used another last name while employed? _____

If so, please list? _____

Applicants Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Driver's License #: _____ State Issued: _____