



## Ronald McDonald Family Room Volunteer Information & Application



Ronald McDonald  
House Charities®  
of the Four States



In order to achieve the mission of the Family Room and serve those families utilizing the Family Room, we rely heavily on Volunteers to be dependable AND consistent. Our goal is to match the needs of the Ronald McDonald Family Room with your interests so that the volunteer experience is a rewarding and fulfilling one. Volunteers must be *18 or older*.

Family Room Volunteers will work with our Program Coordinator. We ask volunteers to commit to at least two shifts per month. Family Room will be open daily 9:00 a.m.-9:00 p.m. Shift times are 9-1, 1-5 or 5-9.

### Volunteers will:

- Provide support and hospitality for families seeking respite
- Graciously greet and register qualified families
- Orient families to services provided such as shower, laundry, food, Serenity Room, etc.
- Perform clerical duties of answering phone, record keeping, communications
- Perform light housekeeping duties
- Stock food and paper goods

### Here's how to get started. . .

1. **Fill out a RMFR Volunteer Application.** Once your application has been received, an interview will be scheduled to assess interests, Family Room needs and shift availability. References will be checked and a background check\* completed.
2. Once selected for a RMFR Volunteer position, prior to orientation a **TB Blood Draw & Flu shot must be received\***. (Flu shot requirement effective Oct – Apr). This will be done at no charge to you by a Mercy Employee Health nurse. If you have had either of these within the last year, please provide us with documentation. **Covid-19 vaccinations are required** at this time, please bring your card to be copied and kept on file at Mercy.
3. **Take photo for Mercy ID badge.** This will be done through the Ronald McDonald Charities Volunteer Coordinator.
4. **Attend Orientation for Ronald McDonald Charities of the Four States.** This 2 hour orientation is held at the Ronald McDonald House, 3402 S. Jackson St., Joplin, MO.
5. **Complete Ronald McDonald Family Room Training.** This training may take place on a shift other than what will be your assigned shift. We believe training and learning to be continuous so there will be additional training opportunities throughout your time as a RMFR Volunteer.

**\*Background check, TB Testing, Flu Shot and Mercy Orientation do not apply to active Mercy Employees and Volunteers.**

Thank you for your interest in becoming a Family Room Volunteer. We are grateful to those willing to give of their Time and Talents to help make a family's visit pleasant.



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](http://www.rmhjoplin.org) for more information.

**NOTICE TO APPLICANT REGARDING BACKGROUND INVESTIGATION**

In connection with your application for volunteer services, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681 *et seq.*). These reports may contain information about your character, general reputation, personal characteristics, or mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by First Advantage by contacting us at First Advantage, P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. Information about First Advantage's privacy practices can be reviewed at: <http://www.fadv.com/Privacy-Policy.aspx>.

**AUTHORIZATION BY APPLICANT TO CONDUCT BACKGROUND INVESTIGATION**

By signing below, you acknowledge receipt of the Notice to Applicant/Employee Regarding Background Investigation and certify that you have read this disclosure. Furthermore, you authorize the obtaining of consumer reports and/or investigative consumer reports at any time after receipt of this authorization and throughout the course of your employment, if applicable.

The scope of the Notice to Applicant/Employee Regarding Background Investigation and your authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow us to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

Print Full Name (including middle name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever used another legal name? \_\_\_\_\_  
Is this maiden name? \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_

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

This background check requires the last 7 years of addresses where you have resided. If you need more space for addresses, please use the back of this page.

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

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

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

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

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

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_