

Volunteer Application



First _____ Middle _____ Last _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone(s) _____ Best time to call _____

E-mail Address _____

Employer _____ Occupation _____

Employment Hours and Days _____ Shirt size: _____

Date of Birth _____ Education Level Completed _____

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

I prefer work as:

_____ **House Volunteer**

_____ **Family Room Volunteer (18+)**

_____ **Morning Manager**

_____ **Special Project Volunteer (specify below)**

_____ **Relief Manager**

_____ **Charity Volunteer (specify below)**

_____ **Overnight Manager (21+)**

DAY AND TIME PREFERENCES | Please mark the DAY(s) and TIME(s) you are available to volunteer:

	7:00–9:00 a.m.	8:00/9:00 a.m.–1:00 p.m.	1:00–5:00 p.m.	5:00–9:00/10:00 p.m.	Overnight
Sunday	N/A				
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday	N/A				

How often would you like to volunteer?

Twice a week _____

Once 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? _____

Special Interests, Previous Volunteer Experience, Hobbies & Skills:

How did you hear about the Ronald McDonald House Charities of the Four States?

Why do you want to be a volunteer for the Ronald McDonald House Charities?

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? _____

Note: A criminal background check will be performed by RMHC staff. It is the policy of RMHC of the Four States that no one with a conviction or guilty plea to a felony crime will be allowed to volunteer for Ronald McDonald House Charities.

EMERGENCY CONTACT INFORMATION:

Name _____

Telephone(s) _____

Relationship _____

WORK & VOLUNTEER EXPERIENCE REFERENCE:

Please list the name, telephone number, and relationship of someone who has knowledge of your skills and abilities that would recommend you as a volunteer.

Name

Phone

Relationship

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: Volunteer Coordinator
PO Box 2688
Joplin, MO 64803

Contact us at **(417) 624-2273** or visit our website www.rmhjoplin.org for more information.



Ronald McDonald Family Room Volunteer Addendum

This portion is required for those volunteering at the **Ronald McDonald Family Room in Mercy Hospital**.

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.

First: _____	Middle: _____	Last: _____	Maiden: _____
Social Security Number: _____	Date of Birth: _____		
Have you used another last name while employed? _____	If so, please list: _____		
Address: _____			
City: _____	State: _____	Zip: _____	
Phone Number: _____			
Driver's License #: _____	State Issued: _____		
Applicant's Signature: _____			

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: _____ Zip: _____

From Month/Day/Year: _____ To Month/Day/Year: _____

Address: _____

City: _____ State: _____ Zip: _____

From Month/Day/Year: _____ To Month/Day/Year: _____

Here's what's next:

1. Once selected for a RMFR Volunteer position, you will be contacted to schedule **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.
2. **Take photo for Mercy ID badge.**
3. **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.

