



RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN ARIZONA

# VOLUNTEER APPLICATION

Please complete entire volunteer application and return to:

PO Box 40725  
Tucson, Arizona 85717  
Christine LaBoy, Volunteer Manager  
claboy@rmhctucson.org  
(520) 326-0060, ext. 112  
Fax: (520) 881-1732

(Please type or print)

Name: Mr. /Mrs. /Ms. \_\_\_\_\_

### Current Address/Mailing Address:

_____	_____	_____	_____
Street		Apt#	Home Phone
_____	_____	_____	_____
City	State	Zip	Work Phone
_____	_____		_____
Email			Cell Phone

### Permanent Address:

_____	_____	_____	_____
Number	Street	Apt#	Home Phone
_____	_____	_____	_____
City	State	Zip	Work/Cell Phone

In the event of an emergency, call: \_\_\_\_\_

_____			_____
			Relationship
_____	_____	_____	_____
Address	Street	Apt#	Home Phone
_____	_____	_____	_____
City	State	Zip	Work/Cell Phone

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Are you over 18? \_\_\_\_\_  
Yes/No

## EDUCATION

	NAME & LOCATION	LEVEL/YEAR COMPLETED
High School/GED	_____	_____
College/University	_____	_____
Special Training	_____	_____
	(Business, Vocational, Technical, etc.)	

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**WORK EXPERIENCE**

Are you currently employed? \_\_\_\_\_

If "yes" please provide the following information:

Name of Employer \_\_\_\_\_

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

Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

**VOLUNTEER EXPERIENCE:** (Community organizations, church, Scouts, etc.)

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name, Address, Phone Number of Organization	Assignment
_____	_____
_____	_____
_____	Supervisor _____

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name, Address, Phone Number of Organization	Assignment
_____	_____
_____	_____
_____	Supervisor _____

**ADDITIONAL INFORMATION**

Why would you like to volunteer with us? \_\_\_\_\_  
\_\_\_\_\_

Do you need volunteer hours to fulfill requirements for a class, scholarship or financial aid?

Yes \_\_\_ No \_\_\_ If your answer is "Yes" complete the following:

Name of class, semester and year \_\_\_\_\_

Name of instructor \_\_\_\_\_

Are there factors that would prevent you from performing certain types of work?

Yes \_\_\_ No \_\_\_

If Yes, Please explain:

\_\_\_\_\_

How did you learn of the Ronald McDonald House's volunteer program?

\_\_\_\_\_ Website      \_\_\_\_\_ Newspaper      \_\_\_\_\_ Radio, T.V.  
\_\_\_\_\_ Ronald McDonald House volunteer      \_\_\_\_\_ Ronald McDonald House staff member  
\_\_\_\_\_ Volunteer Center      \_\_\_\_\_ Other

## **AVAILABILITY**

Regular volunteers are scheduled in 3-hour shifts every day of the week. Please list days and hours you are available to volunteer. Please note:

We can work with almost any schedule even if you cannot commit to a 3-hour shift.

Please do not indicate a day and time unless you will be able to be here consistently. When we schedule you, we depend on you to be here on that day and that time. If you do not show, there is no one to take your place. We understand that sometimes things occur that make it unlikely that you will be able to be here, so we ask that you telephone us as soon as possible if you will not be able to make an assigned shift. If you miss an assigned shift and need to make up those hours, please call us to make arrangements. If you show up without consulting us, there may not be projects available for you at that time.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

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## **BACKGROUND CHECK**

Any volunteer 18 years of age or older must have a completed background check on file. The background check investigates your criminal history, not your credit history, and is strictly confidential. However, the information we receive from the investigation could defer you from our volunteer program. There is no charge to you for the background check. If you have concerns about the background check, please discuss them with the Volunteer Coordinator or the Volunteer Manager. A separate form will be given to you upon completion of interview for background check.

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## **REFERENCES**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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I hereby acknowledge that all information is accurate and true. I further permit the Ronald McDonald House to check my references and to perform a background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If under 18, Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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3838 N. Campbell Avenue, Bldg. 6  
Tucson, AZ 85719  
[www.rmhctucson.org](http://www.rmhctucson.org)

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**FOR OFFICE USE ONLY:**

Attended Orientation Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

References checked by: \_\_\_\_\_

Background Check Reference # \_\_\_\_\_ Background check completed \_\_\_\_\_

Area assigned \_\_\_\_\_ Scheduled shift \_\_\_\_\_

Volunteer Handbook Contract signed \_\_\_\_\_

Computer work completed \_\_\_\_\_

Birthday recorded \_\_\_\_\_

Attended additional training Dates: \_\_\_\_\_