



Ronald McDonald  
House of Connecticut

## Volunteer Application (Please Print or Type)

### A. GENERAL INFORMATION

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Birthday (mo., day) \_\_\_\_\_ Education (highest grade/degree) \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### B. VOLUNTEER INFORMATION

Previous or Current volunteer experience (organization, nature of service, dates): \_\_\_\_\_  
\_\_\_\_\_

Have you had experience with a seriously ill child or the death of a child? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Give us a short description of yourself and how you would like to participate in Ronald McDonald House activities: \_\_\_\_\_  
\_\_\_\_\_

As a House Volunteer can you commit to at least three hours:

per week? ( ) Yes ( ) No

every other week? ( ) Yes ( ) No

per month? ( ) Yes ( ) No

What are your personal expectations of this volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Volunteer Application Page 2 (Please Print or Type)**

**Main Areas of Interest (Check minimum of one, maximum of three):**

<input type="checkbox"/> House volunteer (office & house support)	<input type="checkbox"/> Interpreter <input type="checkbox"/> Computer	<input type="checkbox"/> Cooking <input type="checkbox"/> Public relations
<input type="checkbox"/> Fund raising	<input type="checkbox"/> Weekend manager	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Trade skills	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Fund Raising Events

Special skills, training, hobbies \_\_\_\_\_

**Please indicate your SHIFT PREFERENCES and availability below:**

Sunday	<input type="checkbox"/> 4-8 p.m.
Monday	<input type="checkbox"/> 9 a.m.-12 <input type="checkbox"/> 12-3 p.m. <input type="checkbox"/> 3-6 p.m. <input type="checkbox"/> 6-9 p.m.
Tuesday	<input type="checkbox"/> 9 a.m.-12 <input type="checkbox"/> 12-3 p.m. <input type="checkbox"/> 3-6 p.m. <input type="checkbox"/> 6-9 p.m.
Wednesday	<input type="checkbox"/> 9 a.m.-12 <input type="checkbox"/> 12-3 p.m. <input type="checkbox"/> 3-6 p.m. <input type="checkbox"/> 6-9 p.m.
Thursday	<input type="checkbox"/> 9 a.m.-12 <input type="checkbox"/> 12-3 p.m. <input type="checkbox"/> 3-6 p.m. <input type="checkbox"/> 6-9 p.m.
Friday	<input type="checkbox"/> 9 a.m.-12 <input type="checkbox"/> 12-3 p.m. <input type="checkbox"/> 3-6 p.m. <input type="checkbox"/> 6-9 p.m.
Weekend	<input type="checkbox"/> 9 p.m. Friday to 4 p.m. Sunday
Other	<input type="checkbox"/> Holidays <input type="checkbox"/> As Needed <input type="checkbox"/> Fund Raising Events

**C. REFERENCE INFORMATION**

Please provide three non-family references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you know someone who works at or volunteers at RMH of CT?

Do you have access to, or contacts for products or services that could be useful to Ronald McDonald House of Connecticut, Inc.?  Yes  No

If yes, please specify: \_\_\_\_\_