



# Ronald McDonald Family Room and Hands for Mercy Volunteer Application



## Contact Information

Name:		Birthdate:	SS#
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
Emergency Contact (name & phone):			

## About You

Why do you want to volunteer?
Previous Experience
Hobbies and Interests

## References

Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

Have you ever been convicted of a crime other than a traffic offense?  Yes  No

If Yes, please explain: \_\_\_\_\_

## Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening/Overnight							

## Commitment

*As an RMHC and Mercy Volunteer, I will:*

- Uphold RMHC and Mercy’s Mission and Values
- Attend orientation, required trainings, and volunteer meetings
- Follow Volunteer Dress Code while in service
- Keep all patient and visitor information confidential
- Make “hospitality” the unique characteristic of all patient/visitor interactions
- Foster “right relationships” with all fellow volunteers and co-workers

For office use only:
Orientation date _____
TB Test _____
ID Badge _____

**Please fill out digitally and save, or print, fill out neatly by hand, photograph and email your completed application to:**

**rmfrsm@rmhcofarkoma.org**

**or you may drop it off in person at the Family Room.**

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