



Keeping families close®

# Ronald McDonald House, Fayetteville and Washington Regional Medical Center Application for Volunteer Services

FOR OFFICE USE ONLY  
TB Test  
Drug Test  
Time Card  
Mtg. Notification Birthday  
Active Mailing Name Tag  
HBO  
Meal Roster Parking Pass

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If employed, business phone & employer: \_\_\_\_\_

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Have you ever been employed by or volunteered for RMHC or Washington Regional Medical Center?

IF YES; From \_\_\_\_\_ to \_\_\_\_\_ Department: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic offense? NO YES

If YES, specify the nature of the crime and when committed: \_\_\_\_\_

\_\_\_\_\_

Relatives or friends within the hospital (medical staff, employees, other volunteers, board of directors, etc.): \_\_\_\_\_

### Please provide 2 personal references:

<b>Name</b>	<b>Phone</b>
<b>Relationship</b>	
<b>Name</b>	<b>Phone</b>
<b>Relationship</b>	

## Previous work experience

Volunteer: \_\_\_\_\_

Employment: \_\_\_\_\_

Education or Special Training: \_\_\_\_\_

Skills & Talents: \_\_\_\_\_

Hobbies and special interests: \_\_\_\_\_

Do you have any physical limitations, health trouble, or other disabilities which will limit your assignment and/or your level of performance?      NO      YES

If yes please explain: \_\_\_\_\_

## Times you would prefer to volunteer each week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you wish to become a volunteer at the Ronald McDonald House / Washington Regional?:

\_\_\_\_\_  
\_\_\_\_\_

A volunteer will follow the same guidelines as an RMHC of Arkoma employee at work. As a Ronald McDonald House and WRMC Volunteer, I'll not take an assignment that I can't fulfill. I will try to find a substitute if I'm unable to work my job or I will call the Program Manager.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**rmhfay@rmhcofarkoma.org**

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