



Dear Prospective RMH Volunteer,

Thank you for your interest in volunteering at the Ronald McDonald House of Louisville. As a volunteer, you are an important member of a team that works together to provide comfortable, temporary housing to families whose children are receiving medical treatment. Our volunteers help us meet and greet families as well as respond to their questions and needs. Also, our valued volunteers check rooms, answer phones, conduct house tours, do light housekeeping, and complete special projects. Volunteer opportunities are available seven days a week in three hour shifts: 9 a.m. -12 p.m., 12-3 p.m., 3-6 p.m. and 6-9 p.m. Volunteers can choose to volunteer once per month, every other week or every week.

Please find attached a volunteer application and an authorization for a background check. We do ask that volunteers cover the \$10 charge to run the background check in order to continue to keep costs low for our families. Once I receive your application, background check authorization and your \$10 check made payable to Ronald McDonald House I will call you to discuss two dates for you to shadow during a volunteer shift. Once this is complete, I will schedule a short orientation where we will go over some additional information about volunteering at the House. We will also discuss your regular volunteer shift schedule at this time.

I look forward to meeting you very soon. Please contact me with any further questions, christina@rmhlouisville.org or 561-7653.

Sincerely,

Christina Johnson
Volunteer Coordinator



Ronald McDonald House Charities of Kentuckiana
 550 South First Street
 Louisville, Kentucky 40202
 Phone: (502) 581-1416 Fax: (502) 581-0037

VOLUNTEER SERVICE APPLICATION

CONFIDENTIAL INFORMATION

(PLEASE PRINT CLEARLY)

Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Age (circle one): 18-20 21-34 35-49 50-64 65+

Current Employer: _____

Work Phone: _____ Occupation: _____

May We Call You At Work? Yes ____ No ____ Work/Days/Hours: _____

PREVIOUS WORK AND VOLUNTEER EXPERIENCE:

Volunteer:

Dates:	Location:	Position

Work/Other:

Dates:	Location:	Position:	Reason for Leaving:

Confidential Information

How did you hear about the Ronald McDonald House Volunteer Program? _____

Can you make a commitment to RMH for at least one year? Yes _____ No _____

If no, please explain _____

Our Volunteers shifts are daily: 9A-12P 12P-3P 3P-6P 6P-9P
Please circle the frequency of your preferred shift: weekly every two weeks monthly or FLEX
(the FLEX Volunteer calls the House monthly when they know their personal/work schedule and fills in on a needed shift).

My first choice (day and time): _____

My second choice (day and time): _____

PLEDGE OF CONFIDENTIALITY

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident, staff member, or Volunteer of the Ronald McDonald House, which I may, through my affiliation with the House, so acquire.

I have read and do understand the foregoing pledge of confidentiality.

Signature of Applicant

Date

RMH Volunteer Application Questionnaire

1. Why are you interested in volunteering at RMH?

2. Would you prefer direct family contact or indirect family contact? Why?

3. What are your special skills, talents, and/or hobbies?

4. Do you like to work alone or with other people?

5. Please describe other commitments. (i.e. community, school, etc.)

6. If you could create the perfect volunteer opportunity for yourself, what would you be doing?

7. What would you like for us to know about you that we haven't asked?

Please Return To:

Christina Johnson

Volunteer Coordinator

Ronald McDonald House Charities of Kentuckiana

550 S. First Street

Louisville, KY 40202

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____ (PLEASE INCLUDE JR., SR., II, III ETC.)
LAST NAME FIRST NAME MIDDLE NAME

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **Ronald McDonald House Charities of Kentuckiana, Inc.** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Ronald McDonald House Charities of Kentuckiana, Inc.** **Ronald McDonald House Charities of Kentuckiana, Inc.** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Ronald McDonald House Charities of Kentuckiana, Inc.** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Ronald McDonald House Charities of Kentuckiana, Inc.** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Ronald McDonald House Charities of Kentuckiana, Inc.** I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.



CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.§148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address: _____
Street Apt.# City State Zip Code From

Former Address: _____ / _____
Street Apt.# City State Zip Code From To?

Former Address: _____ / _____
Street Apt.# City State Zip Code From To?

Former Address: _____ / _____
Street Apt.# City State Zip Code From To?