



RONALD MCDONALD
HOUSE CHARITIES
of the
Central Valley, Inc.

**RONALD MCDONALD HOUSE CHARITIES®
OF THE CENTRAL VALLEY, INC.**

**9161 Randall Way
Madera, CA 93636
www.ronald-mcdonaldhouse.com
Phone: (559) 261-3667 Fax: (559) 447-6778**

Application for Volunteer Services

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell/Pager: _____

Email: _____

Permanent address (if different than above): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Birthday: Month _____ Day _____

School Attending: _____

In case of an emergency, please notify: _____

Name: _____

Relationship: _____

Address: _____

Home phone: _____

Work phone: _____

How were you referred to the Ronald McDonald House: _____

Please tell us why you are interested in volunteering at the Ronald McDonald House: _____

Have you applied to volunteer at the Ronald McDonald House before? Yes No

If yes, when and where? _____

Duties performed: _____

Are you under 18 years old (must be at least 13 to volunteer)? Yes No

If under 18, please be sure to complete parent/guardian consent attached.

Do you have a current California's Driver's License? _____ License # _____

Have you ever been convicted of, or pled guilty to, a crime? Yes No

If yes, please explain: _____

Do you have any health condition that might hinder your ability to do certain jobs?

Yes No

If yes, please explain: _____

WORK EXPERIENCE

Please list your last employer (present or most recent):

Employer name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Job title: _____

VOLUNTEER EXPERIENCE (i.e. community organizations, church, Scouts, etc.)

Please list volunteer service for the past 5 years:

Organization name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Job performed: _____

REFERENCES

Please list 3 references who are **not** relatives, and who have known you at least one year.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____ Years known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____ Years known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____ Years known: _____

I certify that the information contained in this application is correct to the best of my knowledge, and I consent to my current and previous employer and persons given as references responding to a verbal or written request for further information.

Signature: _____ **Date:** _____

If you are under 18 years of age, please complete the following parent/guardian consent form.

**VOLUNTEER CONSENT FORM
FOR MINORS ONLY**

I understand that my child, _____
(a minor), is participating in the Volunteer program at Ronald McDonald House Charities of the Central Valley, Inc.

I also understand that my child has requirements and responsibilities within the volunteer program of which he/she is aware, and that failure to comply with these requirements and responsibilities may result in dismissal from the Volunteer program.

I understand that this form must be signed by the parent/guardian and returned to the Volunteer Coordinator before the minor is permitted to volunteer with the Ronald McDonald House.

Signature of Parent/Guardian

Date