Ronald McDonald House
Volunteer Profile

Name:_____
(first) (m.i.) (last)

Marital status:_____ Spouses' name:_____

Address:_____
(street) (city, state) (zip)

Home Phone:_____ Birth Date:_____

Employment Status: ( )Homemaker ( )Retired ( )Full-time ( )Part-time

Employer:_____ Phone #:_____
May we call your work? ( )Yes ( )No

Organizations you belong to:_____
_____

Previous volunteer experience:_____
_____

Times you prefer to help: ( )Days ( )Evenings ( )Weekends ( )Flexible

Do you have any previous Ronald McDonald House experience? ( )Yes ( )No
If yes, where?_____

How did you hear about us?_____

Do you have any handicaps or health problems that need to be taken into account in determining your work assignments? ( )Yes ( )No

If yes, what accommodations are needed?_____
_____

Please list any hobbies or areas of interest:_____
_____

Personal Reference:_____
(Name) (Phone #) (Relationship)

I understand that I will receive no form of payment for services that I provide for RMH, and I agree to abide by all policies and procedures.

_____ _____
(Signature) (Date)