

Volunteer Application

Ronald McDonald House Charities® of the Ozarks, Inc. d/b/a/Ronald McDonald House® of the Ozarks

TODAY'S DATE _____

ARE YOU AT LEAST 18 YEARS OLD? _____

NAME _____
Last Name First Name Initial

LIST EVERY NAME YOU HAVE BEEN KNOWN BY _____

CURRENT ADDRESS _____ PHONE _____ HOW LONG AT THIS ADDRESS _____
No. Street City State & ZIP include area code

LIST EVERY ADDRESS SINCE 18 YEARS OF AGE (use back if needed)

Previous Address _____ PHONE _____ HOW LONG AT THIS ADDRESS _____
No. Street City State & ZIP include area code

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POSITION(S) APPLIED FOR _____ DATE AVAILABLE _____

SPECIFY HOURS DESIRED _____

WHO OR WHAT INFLUENCED YOU TO APPLY FOR THIS POSITION? _____

HAS THE MISSOURI DIVISION OF FAMILY SERVICES, MISSOURI CHILDREN'S DIVISION, OR SIMILAR AGENCY IN ANY OTHER STATE EVER ISSUED A FINDING, DETERMINATION, OR OTHER DECISION SUBSTANTIATING EITHER IN WHOLE OR IN PART, TO ANY DEGREE WHATSOEVER, A REPORT THAT YOU ENGAGED IN CHILD ABUSE OR NEGLECT, INCLUDING BUT NOT LIMITED TO PHYSICAL, EMOTIONAL, EDUCATIONAL, MEDICAL OR SEXUAL ABUSE OR NEGLECT OF A CHILD? YES / NO

HAVE YOU EVER BEEN CHARGED WITH, AND/OR CONVICTED OF A FELONY AND/OR MISDEMEANOR? (Include traffic offenses and offenses related to DWI and DUI. You may exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.) YES / NO

ARE YOU CURRENTLY ON SUPERVISED PROBATION OR PAROLE? YES / NO IF SO, WHAT ARE THE TERMS? _____

(IF YOUR ANSWER TO ANY OF THE FOREGOING QUESTIONS IS "YES", PLEASE PROVIDE AN EXPLANATION ON A SEPARATE PIECE OF PAPER AND ATTACH IT TO THIS APPLICATION.)

EDUCATION • TRAINING • SKILLS

HIGHEST LEVEL OF EDUCATION COMPLETED _____

PRIMARY AREAS OF STUDY (MAJOR, CONCENTRATION, SPECIAL EMPHASIS)

HIGH SCHOOL _____

COLLEGE _____

SPECIAL COURSES COMPLETED NOT COVERED ABOVE, ESPECIALLY THOSE THAT MAY BE APPLICABLE TO THE POSITION(S) FOR WHICH YOU ARE APPLYING

OTHER SKILLS OR QUALIFICATIONS NOT COVERED ABOVE _____

IF YOU WISH TO PROVIDE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION OR NOTE THAT IT WILL BE SENT LATER (NOT REQUIRED). _____

PROVIDE A SHORT PARAGRAPH TELLING US HOW YOU CAME TO CHOOSE THE RONALD MCDONALD HOUSE.

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS OR FROM AGE 16, WHICHEVER IS LEAST. PLEASE LIST MOST RECENT FIRST, NEXT MOST RECENT SECOND, ETC.

FIRM _____ TITLE _____ DATES EMPLOYED _____ From / To

ADDRESS _____ PHONE _____
No. Street City State & ZIP include area code

PRIMARY DUTIES, RESPONSIBILITIES _____

REASON FOR LEAVING _____ SUPERVISOR _____

FIRM _____ TITLE _____ DATES EMPLOYED _____ From / To _____

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REASON FOR LEAVING _____ SUPERVISOR _____

ADDITIONAL REFERENCES
 USE THE SPACE BELOW TO LIST ADDITIONAL REFERENCES, OTHER THAN FAMILY, OVER THE AGE OF 18.

NAME _____ ORGANIZATION/BUSINESS _____

ADDRESS _____ PHONE _____
 No. Street City State & ZIP include area code

DESCRIBE YOUR RELATIONSHIP WITH THE ABOVE _____

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DESCRIBE YOUR RELATIONSHIP WITH THE ABOVE _____

PLEASE INITIAL EACH ITEM BELOW AND SIGN AND DATE THE APPLICATION (If under 18 years of age, only initial #1 and #2).

1. _____ I certify that the answers given by me in the foregoing questions and statements in this volunteer application are true and correct without material omission of any kind.
2. _____ I understand that any false, inaccurate or misleading answers will be grounds for termination of my volunteer service, and that Ronald McDonald House Charities of the Ozarks, Inc. shall not be liable in any respect.
3. _____ I hereby authorize Ronald McDonald House to conduct any additional investigation whatsoever with regard to my previous employment and/or volunteer service, my character, any criminal record, use of alcohol or controlled substances, or any other information that might be relevant to the position for which I have applied, including the required background check, and **as part of that investigation, I understand that the criminal background check may reveal any arrests, charges and/or convictions.** I hereby release Ronald McDonald House Charities of the Ozarks, Inc., its officers, agents and employees from any liability whatsoever as a consideration of the processing of this application and understand that no offer of employment and or volunteer service is being made as a result solely of the investigation.
4. _____ I hereby authorize and consent to the release of any medical information, privileged or not, which might be requested with regard to such investigation.
5. _____ I hereby authorize previous employers/organizations listed in this employment application to give any information regarding my employment and/or volunteer service, as well as provide copies of any information they may have regarding me whether or not in their employment and/or volunteer service records, and I hereby release those previous employers/organizations from any and all liability for providing such information.

APPLICANT SIGNATURE _____ DATE _____

Applicants under the age of 18 must have this application signed by their parent or guardian.

This applicant has my permission to volunteer at the Ronald McDonald House.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Please indicate your availability below.

	9:00 to Noon	Noon to 3:00	3:00 to 6:00	6:00 to 9:00
_____ Monday				
_____ Tuesday				
_____ Wednesday				
_____ Thursday				
_____ Friday				
_____ Saturday				
_____ Sunday				

Of the shifts marked above, please specify your order of choice.

1) _____ 2) _____ 3) _____

E-mail address: _____

Preferred method of contact: Telephone E-Mail

Birthday: _____