

## 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

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.)

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**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. \_\_\_\_\_

LIST ANY ADDITIONAL INFORMATION ABOUT YOURSELF WHICH YOU FEEL WILL BETTER ENABLE US TO GIVE YOU APPROPRIATE CONSIDERATION.

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**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 \_\_\_\_\_

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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 \_\_\_\_\_

FIRM \_\_\_\_\_ TITLE \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_ From / To \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
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 PRIMARY DUTIES, RESPONSIBILITIES \_\_\_\_\_  
 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 \_\_\_\_\_

NAME \_\_\_\_\_ ORGANIZATION/BUSINESS \_\_\_\_\_

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

DESCRIBE YOUR RELATIONSHIP WITH THE ABOVE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ ORGANIZATION/BUSINESS \_\_\_\_\_

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

DESCRIBE YOUR RELATIONSHIP WITH THE ABOVE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INITIAL EACH ITEM BELOW AND SIGN AND DATE THE APPLICATION.

1. \_\_\_\_\_ I certify that the answers given by me in the foregoing questions and statements in this employment 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 refusal to hire, or if I have been hired, for termination, 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 \_\_\_\_\_

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: \_\_\_\_\_