

RONALD MCDONALD HOUSE
 CHARITIES OF THE TRI-STATE, INC.
 1500 17TH STREET
 HUNTINGTON, WV 25701



VOLUNTEER APPLICATION

Please Print

Name: _____

Address: _____

Phone: (Home) _____ (Business) _____

Person to contact in case of emergency: _____

Relationship: _____ Address: _____

Phone: (Home) _____ (Business) _____

House volunteers are expected to work in three-hour shifts, scheduled once a week or once every other week, including week days and weekends. Please indicate with the shifts with (1) being your first preference, (2) being your second preference, etc.:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 a.m. - noon							
Noon - 3 p.m.							
3 p.m. - 6 p.m.							
6 p.m. - 9 p.m.							

Why are you interested in volunteering at the Ronald McDonald House? _____

Prior work/volunteer history _____

Please list any special skills or interests such as computers, fund raising, office administration, bulk mail, etc. _____

References:

Name	Address	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Birthday (Not year) _____

I hereby certify that the information in this application is correct and that I give my approval for you to check the references I have listed above. I further consent to a background inquiry, including a criminal background check. I understand that the Ronald McDonald House is not obligated to provide a position as a volunteer to me, nor am I obligated to accept such a position if offered.

Signature : _____ Date: _____

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP

For Office Use Only:

Date Application Received _____

Date Applicant Contacted _____ By _____

Date to Interview _____ Date to Train _____

Remarks _____