



## Application for Adult Guest Services Volunteer

### Ronald McDonald House Charities of Greater Cincinnati

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date (Must be 18 or older) \_\_\_\_\_

Previous volunteer & community experience: \_\_\_\_\_

\_\_\_\_\_

What Company do/did you work for? \_\_\_\_\_

\_\_\_\_\_

Please name any RMHC volunteers, board members, or staff with whom you are acquainted: \_\_\_\_\_

\_\_\_\_\_

Emergency contact name _____
Relationship _____
Phone number _____

Please list two personal references:	
Name: _____	
Phone number: _____	Relationship: _____
Name: _____	
Phone number: _____	Relationship: _____

As a volunteer at Ronald McDonald House Charities of Greater Cincinnati (RMHC), I will be punctual and conscientious in the fulfillment of my duties. If for any reason I cannot serve at the assigned time, I will notify the Coordinator of Volunteer Services or the Manager on Duty. I will conduct myself with dignity, courtesy, and professionalism. I will consider all information I acquire as confidential, including that which I may hear concerning a patient, parent, volunteer or staff member. I will uphold the standards and policies of RMHC. I will take any problem, criticism, or suggestion to the Coordinator of Volunteer Services, or the Manager on Duty. I also release and hold harmless RMHC from any personal injury, damages, expenses, and loss that may be sustained by me while participating as a volunteer.

Please sign below as approval for a staff member to contact the references provided and to conduct a basic background check.

Signature: \_\_\_\_\_

Thank you for your interest in volunteering!!  
Please return application to: Coordinator of Volunteer Services,  
Ronald McDonald House, 350 Erkenbrecher Avenue, Cincinnati, OH 45229