

RONALD McDONALD HOUSE CHARITIES of Southern Colorado

Volunteer Application

Please designate area(s) of interest:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> RM House | <input type="checkbox"/> RMHC Special Events | <input type="checkbox"/> RM Family Rooms |
| <input type="checkbox"/> Baking/Meals | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Memorial Central |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Summer Bash | <input type="checkbox"/> St. Francis MC |
| <input type="checkbox"/> Office | <input type="checkbox"/> Radiothon | <input type="checkbox"/> Children's Hosp. |

Date: _____

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Cell: _____

Email Address: _____ DOB: _____

Availability:

How often are you able to volunteer? _____ days per week/month

Please designate shifts that you would be available for:

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------|-----|-----|------|-----|-------|-----|-----|
| 9am-1pm | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 1pm-5pm | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 5pm-9pm | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

Emergency Contact Information:

Name: _____ Phone: _____

Current Employer or School:

Name: _____

Address: _____

Phone: _____ **Title:** _____

How did you learn about the RMHC Volunteer Program? _____

Why do you want to be an RMHC volunteer? _____

Signature: _____

I, _____, grant Ronald McDonald House Charities of Southern Colorado the right and permission to use photographs, recordings or video of myself for the legitimate purpose of Ronald McDonald House Charities.

I hereby release and discharge Ronald McDonald House Charities of Southern Colorado from any and all claims, actions and demands arising out of or in connection with the use of any of the above, including, without limitation, any and all claims for invasion of privacy and libel.

Signature: _____ **Date:** _____

Please return to Nicole Noll, Volunteer Coordinator
nicole@rmhcsoutherncolorado.org
FAX: (719) 471-7147