

Emergency Contact Information:

Name: _____ **Phone:** _____

Current Employer or School:

Name: _____

How did you learn about the RMHC Volunteer Program? _____

Why do you want to be an RMHC volunteer? _____

Are you fluent in a language other than English? _____

Do you have any special skills we should know about? _____

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 Manager
nicole@rmhcsoutherncolorado.org
FAX: (719) 471-7147