

Ronald McDonald House Charities of South Louisiana

2017 VOLUNTEER APPLICATION

Please complete application and return to:
Ronald McDonald House • 4403 Canal Street • New Orleans, LA 70119

or e-mail to Programs & Volunteer Coordinator:
brooke.stewart@rmhc-sla.org

Application Date: ____ / ____ / ____

Personal Information

Name _____ Date of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____ Email _____

Emergency Contact Name _____ Relationship _____

Primary Phone (____) _____ Secondary Phone (____) _____

Volunteers are subject to the same qualifying requirements as Ronald McDonald House Guests.

Do you currently have a contagious disease or a chronic infectious disease? No Yes
(e.g., a cold, flu, tuberculosis, chronic bronchitis, etc.)

Have you ever been convicted of a crime which has not been annulled or expunged or sealed by a court? No Yes

If yes, describe in full: _____

Are you seeking this volunteer opportunity in fulfillment of court-ordered community service, or community restitution of any kind? No Yes

**Court-ordered community service is not permitted by RMHC of South Louisiana.*

Do you have any health conditions or other related conditions for which you feel may limit your ability to perform certain volunteer duties? No Yes

If yes, describe your limitations and how we may accommodate you:

How did you learn about this volunteer opportunity? Please be specific.

Why do you want to join the Ronald McDonald House Volunteer Program?

Employment

Most recent employment _____ Position _____

Please describe the nature of your work: _____

Currently employed? No Yes Retired? No Yes On sabbatical/in-between jobs

Education

List your highest level of education. Please include any special training such as business, vocational or technical schools.

School Name _____ Location _____

Currently attending? No Yes Degree Level/Year completed: _____

Areas of study: _____

Will you be receiving academic credit for your volunteer work? No Yes

Do you need to complete a minimum number of volunteer hours? No Yes # of hours needed _____

Volunteer History

Have you served as a volunteer before? No Yes

If yes, please describe:

1. Where? _____ When? _____

Please specify the nature of the work: _____

May we contact your Supervisor? No Yes Supervisor Name _____

Position _____ Phone (____) _____ E-mail _____

2. Where? _____ When? _____

Please specify the nature of the work: _____

May we contact your Supervisor? No Yes Supervisor Name _____

Position _____ Phone (____) _____ E-mail _____

Feel free to list any additional volunteer experience on back of page

Interests and Skills

I am interested in... (mark all that apply)

- Leading groups and individuals in service projects for RMH
- Events and tabling (lending a hand at fundraising events; promoting RMH at festivals, fairs, etc.)
- Meeting and working with families and children
- Clerical work (data entry, administrative tasks, etc.)
- Reception (answering phones & doorbell, registering guests, giving tours, etc.)
- Housekeeping (cleaning common areas of the House and/or assisting Housekeeper with guest rooms)
- Organization (organizing donations, pantry, supply closets, etc.)
- Yard work/flower gardening/outside maintenance
- Handy work (fixing odds & ends around the House)
- Translating documents and/or family translation services
Language(s) _____
- Driving the Ronald McDonald House shuttle van on Saturdays and/or Sundays
(Commercial Driver’s License, excellent driving record, and Executive Director’s approval required. Please see Volunteer Coordinator for more info)

Do you have other special skills, talents, or hobbies that might benefit the House? *(e.g. arts & crafts, entertainment, marketing, finance, database etc.)* Please describe:

Are you interested in filling in for the Front Office in the absence of a Guest Services Agent or Front Office Administrator? *(requires a higher level of commitment and mandatory training)* No Yes

Availability

I would like to volunteer... One time only Events/On Occasion Monthly Weekly
 Other _____

Check all of the days and times you are available.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

AFFADAVIT Please read and sign below:

I certify that the answers given by me to the questions and statements above are true and correct without consequential omissions of any kind. I authorize the companies, schools, or persons named on my reference sheet to give any information regarding my employment, together with any other information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge.

Volunteer signature _____ Date ____ / ____ / ____

Applicants under the age of 18 must have this application signed by a parent or guardian:

This applicant has my permission to volunteer at the New Orleans Ronald McDonald House.

Parent/Guardian signature _____ Date ____ / ____ / ____

RMHC does not discriminate based on race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

Volunteer Boundary Agreement

As a volunteer you will interact with many different people, who will include staff, parents, patients and their siblings, and other volunteers. In specific regard to your interactions with families we ask that your role is strictly a supportive one. What we mean by this is that you're here to support the Ronald McDonald House and we ask that your role with patients and families does not go beyond this expectation. We ask that you not over involve yourself with any family or child at any time for any reason. We ask this of you to protect yourself, the patient, the family, and the House.

The following behaviors are not acceptable and could terminate your volunteer services:

- Visiting with patients at any other time than during your shift.
- Buying personal gifts for a child or family.
- Withholding information from a staff member about the concerns of a child or family.
- Exchanging any personal contact information such as home address, work address, phone number, email, Facebook page, etc.
- Posting any information on Facebook or other social media regarding a patient or family in any way. This is grounds for immediate termination.

Volunteering in this environment is emotionally complex and requires you to know why you are here and to separate yourself from their lives. You are here to serve them the best way you can, and this requires that you abide by House policies regarding boundaries with the families.

Volunteer Confidentiality Notice and Agreement

The Ronald McDonald House of South Louisiana strictly keeps in confidence all information regarding the patient and family. Every person volunteering in any capacity for Ronald McDonald House must abide by this policy. In your role as a volunteer at Ronald McDonald House, you may have access to sensitive and confidential information about the patient or the family. Additionally, you may also have access to sensitive information relating to employees of the House, other volunteers, donors, or the board of directors. We consider any information about individuals or families that can be either directly or indirectly associated with identifiable persons, families, or groups of persons, whether obtained by

sharing, observation or direct access, and even if disclosed publicly by a patient or family at the House, to be sensitive and confidential. Such information includes:

- Age, length of time at the House, and diagnosis, treatment, and prognosis of any child,
- Addresses or phone numbers of families, staff, board members, or donors.

Volunteers must never discuss, mention, or reveal sensitive and/or confidential information learned, observed, overheard, inferred, or surmised in connection with the House either:

- Outside the House,
- Outside their scope of services within the House, or
- Outside the circle of persons with a duty or right to know within the House.

Confidential or sensitive information should not be copied, stored electronically, or transmitted in a fashion that would allow disclosures to persons outside the circle of persons with a duty or right to know within the House.

In the event you are unclear about how to handle confidential or potentially sensitive information, you are encouraged to review the situation with, and obtain directions from the Programs and Volunteer Coordinator or the Executive Director.

<p><i>I have read and understand the Volunteer Boundary and Confidentially Agreements.</i></p> <p><i>I acknowledge that I may receive contact information or other personal information about other volunteers for use in emergencies, substitutions, and other critical needs of the House. Volunteer agrees to use that information solely for House business and not to divulge contact information or other personal information to persons not having a need to know information for the benefit of House operations.</i></p> <p>Volunteer signature _____ Date ____ / ____ / ____</p> <p>Volunteer printed name _____</p>
--

Volunteer Release of Liability

I _____ HEREBY WAIVE AND RELEASE, hold harmless and forever discharge Ronald McDonald House Charities® of South Louisiana and its agents, employees, officers, directors, of and from all lawsuits and liabilities arising from or in any way related to my volunteering with Ronald McDonald House Charities® of South Louisiana.

I also understand and agree that RMHC of South Louisiana, its staff, board of directors, volunteers and others associated with RMHC or the House will not be responsible or liable under any theory of liability for any claims, losses, damages or injuries of any kind or nature, including, without limitation, any loss of or damage to my valuables, or other personal property from any cause, including RMHC’s negligence, and/or for any personal injuries, illness, or death to me from any cause, including RMHC’s negligence.

Volunteer signature _____ Date ____ / ____ / ____

Parent/Guardian signature _____ Date ____ / ____ / ____