



Volunteer Application

Please complete entire volunteer application and return to:

RMHC-MM, Attn: Jennifer Miller
1001 East Stadium Boulevard
Columbia, MO 65201

(PLEASE TYPE OR PRINT)

Name _____ Maiden Name _____

Local Address _____

City _____ State _____ Zip _____

Permanent Address (if different) _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

E-Mail _____ Under 18? Yes No Birthday ____/____/____

PERSON TO NOTIFY IN AN EMERGENCY

Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cell) _____

CURRENT JOB STATUS (check one) Employed Student Retired Homemaker

FOR STUDENTS ONLY:

School _____ Ant. Grad Date _____ Degree Pursued _____

Will you receive academic credit for volunteering? Yes No Major _____

SKILLS & INTERESTS

Please check all the areas that interest you.

OFFICE SERVICES

- Answer phones, greet visitors
- Computer skills/Data entry
- Assemble mailings

BUILDING & GROUNDS

- Cleaning/Housework
- Baking
- Yard work/Gardening
- Light maintenance

SOCIAL SERVICE SKILLS

- Interested in supporting people in crisis
- Fluent in non-English language(s)
Please specify _____

OTHER SKILLS/INTERESTS

- Transportation/Errands
- Artistic skills/Graphic design
- Public speaking
- Special Events (Assist at fundraisers, golf tournaments, etc.)

VOLUNTEER SHIFTS

Please list the days and times you are available to volunteer.

DAY	TIME(S)	DAY	TIME(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To your best estimation, how long do plan on volunteering with RMHC-MM? _____

NOTES _____

VOLUNTEER SERVICE AREAS

- Ronald McDonald House Volunteer**
Serve as House support and help maintain a friendly and home-like atmosphere at the Ronald McDonald House. Specific duties include: answering phones, greeting visitors, assisting families, preparing guest rooms, daily house tasks and/or office assistance.
- Ronald McDonald Family Room Volunteer**
Serve as a host or hostess and help maintain a friendly and home-like atmosphere in our Ronald McDonald Family Room. Specific duties include welcoming families, informing families of policies and procedures, documenting guest usage, keeping supplies stocked, keeping the Family Room area tidy, and lending a sympathetic ear to families in crisis.
- Family Meal Program**
Prepare meals for guest families – usually enough to serve between 15-20 people.
- Snack/Supply Drive**
Organize a snack or supply drive to benefit our guest families.
- Off-Site Fundraiser**
Host a fundraiser with proceeds designated for RMHC-MM. “External” fundraisers include garage sales, penny drives, car washes, and bake sales, or think of your own fundraising idea. (All external fundraisers must be approved by RMHC-MM staff prior to the event.)

ADDITIONAL INFORMATION

Please state why you wish to become a volunteer. _____

Are there any factors, mental or physical, that would prevent you from performing certain types of work? If yes, please explain.

Have you served as a volunteer before? YES NO

If yes, please specify where and when: _____

Have you ever been charged and/or convicted of a felony? _____

REFERENCES (non-related)

1. Name _____ Relationship _____
Address _____
City, State Zip _____
Phone (Home) _____ (Work) _____ (Cell) _____

2. Name _____ Relationship _____
Address _____
City, State Zip _____
Phone (Home) _____ (Work) _____ (Cell) _____

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give Ronald McDonald House Charities of Mid-Missouri (RMHC-MM) permission to check the references I have listed. I understand that I must attend a RMHC-MM Training Session prior to beginning my volunteer service. I also understand that per section 287-090 of the Missouri State Workers Compensation Law, volunteers of a tax-exempt organization which operates under the standards of Section 501(c)(3) of the federal Internal Revenue Code (such as RMHC-MM), where such volunteers are not paid wages, but provide services purely on a charitable and voluntary basis are exempt from workers compensation coverage.

SIGNATURE _____ DATE _____

Applicants under the age of 18 must have this application signed by their parent or guardian. This applicant has my permission to volunteer with Ronald McDonald House Charities of Mid-Missouri.

Parent or Guardian Signature _____ Date _____

PLEASE REMEMBER TO FILL OUT THE ATTACHED SOCIAL SERVICES FORM.

Thank you for your interest in Ronald McDonald House Charities of Mid-Missouri!

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /		

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p style="text-align: center;">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">AGENCY NAME</td></tr> <tr><td style="height: 20px;">ATTENTION</td></tr> <tr><td style="height: 20px;">ADDRESS</td></tr> <tr><td style="height: 20px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	<p>SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					