



## Volunteer Application

Please complete entire volunteer application and return to:

RMHC-MM, Attn: Summer Collins  
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) \_\_\_\_\_

**JOB STATUS:**  Employed (at \_\_\_\_\_)  Student  Retired  Homemaker

Does your employer offer matching grants for employee volunteer time or donations?  Yes  No

### FOR STUDENTS ONLY:

School \_\_\_\_\_ Ant. Grad Date \_\_\_\_\_ Degree Pursued \_\_\_\_\_

Will you receive academic credit for volunteering?  Yes  No Major \_\_\_\_\_

### VOLUNTEER SERVICE AREAS (please check all that apply)

**Ronald McDonald House Volunteer**

*Serve as House support and help maintain a friendly and home-like atmosphere by helping to prepare guest rooms, do daily house tasks, assist families, and/or provide office assistance. This requires a weekly commitment.*

**Event Volunteer**

*If you enjoy the fast-paced environment of special events and the satisfaction of volunteering for a good cause, you can help make our fundraising events a success. There is no long-term commitment and you can assist with as many events as you wish.*

**SKILLS & INTERESTS** (please check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Computer/Data Entry<br>Skills: _____ | <input type="checkbox"/> Yard Work/Gardening<br><input type="checkbox"/> Light Maintenance<br>Skills: _____ | <input type="checkbox"/> Fluent in non-English language(s):<br>_____        |
| <input type="checkbox"/> Assemble mailings                    | <input type="checkbox"/> Public speaking  | <input type="checkbox"/> Artistic skills/Graphic design                     |
| <input type="checkbox"/> Cleaning/Housework                   |   | <input type="checkbox"/> Other (play an instrument, crafty, etc.):<br>_____ |

**ADDITIONAL INFORMATION**

How long do plan on volunteering with RMHC-MM? \_\_\_\_\_

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? \_\_\_\_\_

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 perform a background check. 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 <b>ALL</b> that apply) See reverse side for further instructions.<br><input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search)<br><input type="checkbox"/> (3) Fingerprint Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|---|--|

**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)<br/>                 Complete your mailing label below<br/>                 Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">AGENCY NAME</td></tr> <tr><td style="padding: 5px;">ATTENTION</td></tr> <tr><td style="padding: 5px;">ADDRESS</td></tr> <tr><td style="padding: 5px;">CITY, STATE, ZIP CODE</td></tr> </table> | AGENCY NAME | ATTENTION | ADDRESS | CITY, STATE, ZIP CODE | <p>SEND FEE &amp; FORM TO:</p> <p>Missouri State Highway Patrol<br/>                 Criminal Records and Identification Division<br/>                 P.O. Box 9500<br/>                 Jefferson city, MO 65102</p> |
| AGENCY NAME  |             |           |         |                       |  |
| ATTENTION  |             |           |         |                       |  |
| ADDRESS  |             |           |         |                       |  |
| CITY, STATE, ZIP CODE  |             |           |         |                       |  |