



# Group Volunteer Application

Please complete application and return to:  
(PLEASE TYPE OR PRINT)

RMHC-MM | Attn: Summer Collins | 1001 E. Stadium Blvd. | Columbia, MO 65201

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Role in Organization \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Members Under 18 Years Old?  Yes  No Number of Members \_\_\_\_\_

*If yes, members must be accompanied by an adult leader at all times.*

## PERSON TO NOTIFY IN AN EMERGENCY

Name \_\_\_\_\_ Role in Org. \_\_\_\_\_ Phone \_\_\_\_\_

## SKILLS & INTERESTS

Please check all the tasks that interest you members and can be accomplished by them.

### OFFICE SERVICES

- General clerical
- Phone calling
- Computer skills/  
Data entry
- Assemble mailings

### BUILDING & GROUNDS

- Cleaning/Housework
- Baking
- Yardwork/Gardening
- Light home repair

### OTHER SKILLS/INTERESTS

- Transportation/Errands
- Artistic skills/Graphic design
- Public speaking
- Special Events (assist at fundraising events)

## ADDITIONAL INFORMATION

We are interested in the following:  a one-time volunteer opportunity  an ongoing volunteer relationship

Are there any factors, mental or physical, that would prevent your members from performing certain types of work?  YES  NO *If yes, please explain.*

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Have your members served as volunteers before?  YES  NO *If yes, please specify where and when.*

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*I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. By completing and signing below, I accept all responsibility for the conduct of the group members while volunteering for Ronald McDonald House Charities of Mid-Missouri.*

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_