



RONALD MCDONALD HOUSE

VOLUNTEER APPLICATION

We hope that the Ronald McDonald House Charities of Ann Arbor is a good match for your time and energy! Please complete this application and return it to the address below. We will keep your application on file and contact you when a shift opens that matches your availability. You must be 18-years-old to apply. Thank you for your support!

You may email your application and background check to: Stacey Laho slaho@rmh-annarbor.org or Mail to:

The Ronald McDonald House of Ann Arbor
c/o Volunteer Coordinator, Stacey Laho
1600 Washington Heights
Ann Arbor, MI 48104

***Please be aware we are unable to accept court-mandated community service**

PERSONAL INFORMATION

Last Name	First Name	M.I
Current Street Address	City/State	Zip Code
Permanent Street Address		
Cell Phone	Work Phone	Home Phone
Email	Date of Birth (MM/DD/YY)	
How did you hear about volunteering at the Ronald McDonald House? _____		
Why do you want to volunteer at the Ronald McDonald House? _____		

CURRENT STATUS

- Student School: _____
- Community Resident

EMPLOYMENT INFORMATION

Employer	Address	Phone Number
May we contact your work regarding your volunteer activities? ____ Yes ____ No		

BACKGROUND CHECK INFORMATION

- Have you ever been convicted of a crime? ____ Yes ____ No
- Are there any felony charges pending against you? ____ Yes ____ No

Ronald McDonald House Charities of Ann Arbor will conduct a background check for all volunteers before they can begin working in the house.

VOLUNTEER EXPERIENCE

Organization _____ Role _____ Dates: From/To _____

Organization _____ Role _____ Dates: From/To _____

SPECIAL SKILLS & INTERESTS

Please list any special skills or interests:

____ Language (please specify) _____

VOLUNTEER AVAILABILITY

Please indicate all days and shifts you are available to volunteer. We will do our best to match your availability with our needs.

____ Monday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Tuesday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Wednesday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Thursday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Friday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Saturday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

____ Sunday ____ 9 am-12 noon ____ 12noon-3 pm ____ 3 pm-6pm ____ 6 pm-9pm

I can work a 3-hour shift ____ every week ____ every other week

Location: ____ Ann Arbor House (on Washington Heights) ____ Mott House (in Mott Hospital) ____ No Preference

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

COMMITMENT

I understand that my commitment is the foundation for success of any volunteer program. I agree to serve as a volunteer for Ronald McDonald House Charities of the Ann Arbor for a minimum of **one 3 hour shift every other week for a full year (or two consecutive semesters if I am a student)**. I further agree to discuss and/or notify the Volunteer Coordinator prior to making any changes to my volunteer placement schedule (i.e. number of shifts, number of hours).

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified.

Signature: _____ Date: _____

The Ronald McDonald House Charities of the Ann Arbor reserves the right to suspend or terminate a volunteer if it is discovered they made false statements during the application process or at any time during their commitment they violate any House or Hospital policies and procedures.



**University of Michigan
Authorization for
CRIMINAL RECORDS CHECK**

For office use only:

- VS PA
- Gift Shop
- PFCC
- MOW
- TSRC RMH
- Work w/Minor

PLEASE PRINT CLEARLY

Last Name		First		Middle	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Date of Birth (mm/dd/yyyy)		
Driver License or State ID Number			State		
Visa Type (please circle): F-1 F-2 J-1 J-2 H-1B H-4 Other: _____			UM ID (if known)		
Check if you do <u>not</u> have a Driver License or State ID card <input type="checkbox"/>		Race (please check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unknown/Other			

I, the undersigned, authorize the University of Michigan, through the Department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any agency, to conduct a criminal history check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the University of Michigan.

Signature

Date

Signature (Parent or Legal Guardian, if applicant is under 18 years)

Date

