

Ronald McDonald House of Rochester HouseWarmer Application

Personal Information (Please fill out completely)

Date: _____

Name: Last		First		Middle	
Address:		Apt #	City	State	Zip
Home Phone ()			Work Phone: ()		
Best time to call:			Best time to call:		
E-Mail Address:					
<p>How long have you lived in MN? _____ <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i></p>					
1. Address:		Apt #	City	State	Zip
2. Address:		Apt #	City	State	Zip
How did you hear of volunteer opportunities at the Ronald McDonald House?					

In Case of Emergency

Emergency Contact Name	Relationship	Phone
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Employment

Present Employer:	Address:	Job Title:
Length of Employment:	Supervisors Name:	Supervisors Phone:

Volunteer Experience

Organization:	Address:	Assignments:	Dates:
1.			
2.			

(Over)

References

Please give a **COMPLETE ADDRESS**, including city, state and zip of 2 non-relatives. A reference questionnaire is sent. We **cannot** process application without full information.

Name:	Address:	Telephone #:	Relationship:
1.	Street Address: City: State: Zip:		
2.	Street Address: City: State: Zip:		

Availability

Date available to begin volunteer service: _____

Indicate shift preference: **Weekday** 9-12 12-3 3-6 6-9 **Weekend** 9-12 12-3 3-6 6-9

Are you able to make a 1-year commitment to the House as a HouseWarmer?

- Yes → I can work a three-hour shift every week or every other week.
 No → I would like to discuss other volunteer opportunities with the Volunteer Coordinator.

Special Interests

Do you have a special interest or skill you would like to share with the Ronald McDonald House?

Other

Have you ever been charged with a crime other than a minor traffic accident? Yes [] No []

If Yes, please explain:

Please read and sign:

Confidentiality

I agree to treat specific information I may gain through my volunteer service at the Ronald McDonald House with confidentiality. I understand that breach of confidentiality may result in immediate termination of my volunteer position.

Statement of Health

I agree that I am in good health and do not have any restrictions, which may result in injury to myself or cause illness to others.

I understand that people with highly contagious diseases (airborne spread) and moderately contagious disease (person to person, through food or hands-on contact spread) must refrain from volunteering for 24 hours after last symptom has disappeared.

Please sign this form in the space provided and return with your notarized Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:

Ronald McDonald House
850 2nd Street SW
Rochester, MN 55902

Signature: _____ Date: _____

Acceptance as a Ronald McDonald House volunteer is subject to a Criminal Background check with no record, positive response from two references and successful completion of training.



AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

To: BCA/Department of Records
St. Paul, MN

Re: Data Request for:

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

Date of Birth: _____ / _____ / _____ Sex (M or F) _____
Month/Day/Year

Social Security Number: _____ Race: _____
(Required for out-of-state BCA)

This is a full and sufficient authorization, pursuant to Minnesota Statute 13.05, Subd. 4, to release to:

**Ronald McDonald House of Rochester, Minnesota, Inc.
850 2nd Street SW
Rochester, MN 55902**

all Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children. This information will be confidential.

The expiration of this information shall be for a period no longer than one year from the date of my signature.

Signature of Applicant Date

NOTARIZATION IS REQUIRED

Please have this notarized before you return it to the Ronald McDonald House.

State of Minnesota, County of _____
Signed, Sworn and acknowledgement before me this
_____ day of _____, 20__.

My commission expires _____.