

Ronald McDonald House Charities of Siouxland  
Volunteer Opportunity Application

**General Information**

Full Legal Name \_\_\_\_\_

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

Home Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Will you volunteering for Honor Cord hours?(please circle)    YES    NO

**Volunteer Information**

How did you hear about volunteering at the Ronald McDonald House? \_\_\_\_\_

Why would you like to be a RMHC Volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience (agency, nature of service, dates)

\_\_\_\_\_  
\_\_\_\_\_

Skills you have or want to develop (i.e. computer layout & design, event planning, cooking, etc.)

\_\_\_\_\_

Can you make a commitment of at least 2 hours per month? (circle one)    YES    NO

Shift and hours Preferred:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

I have read the information that I have provided and it is true. I will be prompt and regular in my service. I will notify the appropriate person if I am unable to perform my volunteer duties as assigned. I agree to conform to all policies and regulations of the Ronald McDonald House.

Name: \_\_\_\_\_ Date: \_\_\_\_\_