



## Community Service and Parent-Directed (Youth) Volunteer Application

Thank you for your interest in volunteering with Ronald McDonald House Charities® of Central Florida, Inc. (RMHCCF). All sections of this application must be completed for our community service and youth volunteer opportunities. After application submittal and processing, you will receive a phone call or email (within **ten** business days) from our Volunteer Manager, Chris Muszynski. **Thank You For Your Support!**

General Guidelines:				
<ul style="list-style-type: none"> <li>• RMHCCF is unable to accept any court-ordered community service.</li> <li>• Volunteers must be at least 16 years of age; volunteers 15 years or under must be accompanied by a Parent/Legal Guardian or family member at all times.</li> <li>• Approved community service hours are available for 2-hour shifts between 9 a.m. – 9 p.m. at both Ronald McDonald House® locations.</li> </ul>				
Contact Information:				
<b>First Name:</b>		<b>Last Name:</b>		
<b>Address:</b>		<b>Apt:</b>		
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>		<b>Cell Phone:</b>		
<b>Occupation:</b>		<b>Employer/School:</b>		
<b>Email:</b>		<b>Date of Birth:</b>	/ /	<b>Age:</b>
<b>Emergency Contact:</b>				
<b>Relationship:</b>		<b>Phone Number:</b>		
Parent Information (Required for Volunteers Under the Age of 18):				
<b>First Name:</b>		<b>Last Name:</b>		
<i>I hereby acknowledge that my child is volunteering for RMHCCF:</i>				
<b>Signature:</b>		<b>Date:</b>		
Special Skills/Hobbies/Talents/Languages:				
Community Affiliations (organizations, nature of service, clubs, and special interests):				
Service Hours:				
<b># of Hours Needed:</b>		<b>Reason:</b>		
<b>Start/End Dates:</b>	/ /	<b>to</b>	/ /	

<b>Availability</b> (Please indicate the days of week and hours you are available to volunteer):		
<i>Day:</i>	<i>Start Time:</i>	<i>End Time:</i>
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

<b>At which House would you prefer to volunteer?</b>	
RMH at Florida Hospital for Children 2201 Alden Road, Orlando, FL	
RMH at Arnold Palmer Medical Center 1630 Kuhl Avenue, Orlando, FL	
Either	

<b>Have you been convicted of a crime in the last (7) seven years? _____ yes _____ no</b> <b>If yes, please explain:</b>

**Medical Treatment**  
Volunteer does hereby release and forever discharge RMHCCF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with his/her activities with RMHCCF.

**Insurance**  
The volunteer understands that RMHCCF does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected to obtain her or his own medical or health insurance coverage.

**Photographic Release**  
Parent/Guardian and/or Volunteer does hereby grant and convey onto RMHCCF all rights, title and interest in any and all photographic images, video or audio recording made by RMHCCF during her/his activities with RMHCCF, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

**Fitness Statement**  
I am medically, physically and emotionally fit to perform activities as assigned as part of the community service-learning volunteer program.

<b>Agreement and Signature</b>			
I hereby agree that my answers to the community service-learning application are true and correct as of the date set forth below and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my removal as a volunteer. In the event I become a volunteer for Ronald McDonald House Charities of Central Florida, Inc., I agree to abide by all rules, regulations and policies set forth by the RMHCCF organization's guidelines.			
<b>Signature:</b>		<b>Date:</b>	
<b>Parent Signature:</b>		<b>Date:</b>	

**Please return completed application to:**  
 Ronald McDonald House Charities of Central Florida, Inc.  
 Attn: Chris Muszynski - Volunteer Manager  
 1030 N. Orange Avenue  
 Orlando, FL 32801  
 Fax: 407-581-0434