



## Group 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 group 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>Please, no more than 15-20 people per visit.</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>4-hour shifts for volunteer groups are available between 9 a.m. – 9 p.m. at both Ronald McDonald House® locations.</li> </ul>			
Contact Information:			
<b>Group Name:</b>			
<b>Group Leader First Name:</b>		<b>Last Name:</b>	
<b>Position:</b>			
<b>Address:</b>		<b>Suite/Apt:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>		<b>Website:</b>	
<b>Emergency Contact:</b>			
<b>Relationship:</b>		<b>Phone Number:</b>	

Project Ideas:			
Share-A-Meal (Breakfast, Lunch, Dinner)		Family Story Cards	Baking
Toiletry/Comfort Kits		Inventory/Organization	Tour
Spring Cleaning		Housekeeping Assistance	<b>OTHER</b> (Please Specify)
<i>*Please note: Projects are based upon current needs and may not be available at the time of volunteering. Some projects may not be able to accommodate greater numbers of people. Please inquire further for space limitations.</i>			
<b>Does Your Group Have An Available Budget For This Project, if so, how much? _____</b>			

Proposed Dates: Please indicate (3) three date/time choices in order of preference. We will do our best to accommodate your choice preferences.		
Date:	Start Time:	End Time:

Where Would Your Group Prefer to Volunteer?:	
RMH at Florida Hospital for Children 2201 Alden Road, Orlando, FL	
RMH at Arnold Palmer Medical Center 1630 Kuhl Avenue, Orlando, FL	
Either	
Off-Site Location (Please Specify)	

**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**

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 group volunteer program.

**Agreement and Signature**

I hereby agree that my answers to the group volunteer 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>	
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**Group List (Please have all members of your group sign):**

	<b>Name</b>	<b>Signature</b>	<b>Date</b>	<b>Age</b>	<b>Gender</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
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<b>11</b>					
<b>12</b>					
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<b>16</b>					
<b>17</b>					
<b>18</b>					
<b>19</b>					
<b>20</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