

Volunteer Service Application

Please complete this form and send it to the following address. Thank you!!



**Ronald
McDonald
House®**

Connecticut & Western
Massachusetts

Ronald McDonald House Family Room
(located within Baystate Children's Hospital)

c/o Ronald McDonald House: Springfield
34 Chapin Terrace, Springfield, MA 01107
Office: 413-271-5683 Fax: 413-271-5334

Applicant Information

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer/School: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Volunteer Information - Please tell us about yourself

Give a short description of yourself and share with us how would like to participate in the **Ronald McDonald House Family Room** (please include your special skills/hobbies/trainings):

Please list any previous or current volunteer experience (Organization, nature of service, dates):

Have you had experience with supporting families with a medical or health situation, a seriously ill child, or the death of a child? If yes, please explain:

Yes No

Community support is essential for the continued success and support of Ronald McDonald House CTMA. Do you have any individuals, community or business connections that may be interested in supporting our mission? If yes, please explain:

Yes No

References

Please list three non-family references:

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____

Do you know someone who works at Ronald McDonald House CTMA?

Yes No

Name: _____

What are your personal expectations of this Family Room volunteer opportunity?

Shift Preferences and Availability

Monday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Tuesday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Wednesday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Thursday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Friday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____

As a Family Room volunteer, I can commit to at least 3 hours: Per week Every other week Per month

Disclaimer and Signature

Ronald McDonald House Connecticut and Western Massachusetts Program Volunteer Agreement

As a part of this organization, I understand the following:

As a part of this organization, I understand the following:

- I understand I must submit a volunteer application to Baystate Hospital and Ronald McDonald House before I can volunteer and be added to the Ronald McDonald House Family Room schedule.
- I understand I am making a six month volunteer commitment.
- I understand that the needs of the families take priority over any tasks. I will be provided with both Baystate and Ronald McDonald House Family Room training and a copy of the Family Room manual, and I agree to participate in training and read the manual in order to support all family room visitors with questions and needs.
- I understand I may hear information about the guest family visitors, and I understand this information is private and confidential and I will not share this information outside of Ronald McDonald House Family Room.
- I understand that I may be asked to do any of the tasks listed on the volunteer tasks list and agree to do them when asked.
- I will support the needs of the families, and I will ensure that I offer and complete tasks during my assigned shift at the location scheduled.
- I will keep all work spaces clean, sanitized and tidy, and will be respectful to all items, equipment and areas of the Ronald McDonald House Family Room.
- I acknowledge Baystate Hospital and Ronald McDonald House Family Room are non-smoking spaces and will abide by this rule.
- I will uphold all of the policies of the Ronald McDonald House Family Room and Baystate Hospital whether or not I agree with them.
- I will notify the appropriate person if I am unable to work my scheduled shift.

If I fail to abide by these rules, I may be asked to leave and no longer volunteer. Ronald McDonald House CTMA staff reserves the right to make exceptions or changes to these rules at any time, for any reason.

I have read the information that I have provided and it is true. I voluntarily offer my services with a clear understanding that there will be no monetary compensation; I will be prompt and consistent in my volunteer service; All applicants are required to have a background check. I agree to conform to all hospital and RM Family Room policies and regulations as stated in Family Room operational manual and hospital training paperwork.

Signature: _____

Date _____