



# RONALD McDONALD HOUSE BC

## Volunteer Application Form

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

Mr.  Ms.  Mrs.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_

**Education:**

Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name of School	Course of Study	Start/End Dates
High School			
Post Secondary – College/Univ.			
Professional Training – i.e. Nurse			
Trade or Business			
Other			

Are you receiving credit for your volunteer work?  Yes  No  
 Required Numbers of Hours \_\_\_\_\_

**Employment History:**

Employer Name	Your Job Title	From	To	Reason For Leaving

My employer offers a donation matching program  Yes

**Your Volunteer Work**

Organization	Your Placement	From	To	Reason For Leaving



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Have you ever applied to volunteer with RMH BC before?  Yes  No  
When? \_\_\_\_\_

**What type of volunteer work are you interested in?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the skills and experience you have to offer.**

- Fundraising  Clerical  Entertainment Contact  
 Creative ideas  Photography  Organizational skills  
 Musical Instrument  Computer skills  Work well with others  
 Communication skills  Other (specify) \_\_\_\_\_

**Check your main reason for volunteering.**

- Explore careers  Social interaction  Employment experience  
 Stay active & involved  Educational practicum   
 Other (specify) \_\_\_\_\_

**Check how you found out about our volunteer program. Check one only.**

- School  Radio  Community  
 Newspaper  TV  Volunteer  
 McDonald's Restaurants  Volunteer Centre  Work  
 Board Member  Relative/Friend  Visited the House  
 Referral Organization  Other (specify) \_\_\_\_\_

**Please check the blank boxes of the preferred time period that you are available to volunteer.**

	Sunday	Saturday
<b>Morning</b>		
<b>Afternoon</b>		
<b>Evening</b>		N/A

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Evening</b>					

How many times per month would you like to volunteer?  1 shift  2 shifts

Are you interested in volunteering for special projects or events?  Yes  No

Are there times of the year you are not available volunteer? i.e. vacation

\_\_\_\_\_

\_\_\_\_\_

**Health Information**

Have you had chicken pox?  Yes  No  Unsure

**Who would you like us to contact in case of an emergency?**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_



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### References

Please list three references – past or present employers, volunteer administrators, teachers, etc.  
**Please do not use family members or personal friends as references.**

Name	Organization	How do you know this person?	Phone No. Day/evening

I certify that the information contained in this application is correct to the best of my knowledge and consent to my current and previous employer (s) and persons given as references responding to verbal and/or written request for further information.

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Signature

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Date

**Thank you for completing this volunteer profile. We appreciate your interest in contributing your time and skills to Ronald McDonald House BC and the Families it serves.**

**Complete form and return to:**

Connie Clark, Director of Family Services  
4116 Angus Drive, Vancouver, British Columbia V6J 4H9  
Phone: (604) 736-2957 Fax: (604) 736-5974  
E-mail: [connie@rmhbc.ca](mailto:connie@rmhbc.ca)