

Please Complete entire volunteer application and return to:  
**Ronald McDonald House Charities of Norfolk, Inc.**  
404 Colley Avenue  
Norfolk, VA 23507  
(757) 627-5386

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**(PLEASE TYPE OR PRINT)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**PERSON TO NOTIFY IN EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

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**EMPLOYMENT**

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**STUDENT**

Name of School/College/University: \_\_\_\_\_

Will you be receiving academic credit for your volunteer work? \_\_\_ Yes \_\_\_ No DOB \_\_\_/\_\_\_/\_\_\_

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**VOLUNTEER POSITIONS AVAILABLE**

\_\_\_\_\_ COMFORT FOOD PROGRAM (Groups, Families, Individuals)  
Provide meals for families staying in the Ronald McDonald House.

\_\_\_\_\_ GENERAL DONATIONS (Groups, Families, Individuals)  
Purchase items listed on our wish list for the house.

\_\_\_\_\_ GENERAL HOUSEKEEPING AND YARDWORK (Groups, Families, Individuals)  
Wash windows, dust blinds, clean refrigerators, microwaves and ovens; wipe down counter tops, woodwork, vents, telephones and door knobs; rake leaves, pull weeds, water plants

\_\_\_\_\_ SPECIAL EVENTS (Groups, Families, Individuals)  
Assist with special events throughout the year.

\_\_\_\_ COMMITTEES (Individuals)  
 Serve on a committee. (House Operations, Public Relations & Fund-Raising, Finance & Long Range Planning)

**SHIFTS**

\_\_ 9:00 AM – Noon    \_\_ 12 Noon – 3:00 PM    \_\_ 3:00 PM – 6:00 PM    \_\_ 6:00 PM – 9:00 PM

Days Available: \_\_ Sunday \_\_ Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday \_\_ Friday \_\_ Saturday

**ADDITIONAL INFORMATION**

Question	Yes/No	Explanation
Have you ever been convicted of a felony?		
Are there any factors, mental or physical, that would prevent you from performing certain types of work?		

**VOLUNTEER EXPERIENCE**

ORGANIZATION	ADDRESS	SUPERVISOR	PHONE

May we contact your volunteer supervisor for a reference? \_\_\_\_ Yes \_\_\_\_ No

**PERSONAL REFERENCES**

NAME	ADDRESS	RELATIONSHIP	PHONE

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give the Ronald McDonald House permission to check the references I have listed.

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

Applicants under the age of 18 must have this application signed by their parent or legal guardian.

My son or daughter has my permission to volunteer at the Ronald McDonald House.

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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