

**VOLUNTEER APPLICATION  
RONALD MCDONALD HOUSE OF GALVESTON**

Date of Application \_\_\_\_\_  
(Please Print)

Start Date \_\_\_\_\_

**NOTE: We are unable to accept volunteers who are complying with  
community service obligations.**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYER**

Name \_\_\_\_\_ Position \_\_\_\_\_

**Volunteer Information**

How did you hear about volunteering at the Ronald McDonald House?

\_\_\_\_\_

Volunteer experience (organizations)

\_\_\_\_\_

Special skills, training, hobbies and languages:

\_\_\_\_\_

Main Areas of Interest:

\_\_\_\_\_ Receptionist/Phones                      \_\_\_\_\_ Preparing rooms for incoming families

\_\_\_\_\_ Business Office                              \_\_\_\_\_ Kitchen/Baking/Cooking

\_\_\_\_\_ Play Bingo with Families                      \_\_\_\_\_ Arts/Crafts

\_\_\_\_\_ Host other family activity                      \_\_\_\_\_ Handyman/Maintenance

\_\_\_\_\_ Other \_\_\_\_\_

**Please indicate your shift preference below:**

First Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

Second Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

How often can you volunteer? \_\_\_\_\_

When can you start? \_\_\_\_\_

Circle Volunteer Shift: (9am-12pm) (12pm-3pm) (3pm-6pm) (6pm-9pm) shift times are flexible

**Please list three non-family references:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**In case of an emergency, whom would we contact?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

References may be contacted for further information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please send completed form to:**

**Ronald McDonald House of Galveston  
Volunteer Coordinator  
301 14<sup>th</sup> Street  
Galveston, Texas 77550  
409-762-8770  
409-762-9902 (fax)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of or placed on deferred adjudication for any misdemeanor or felony offense against a child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Register Sex Offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either question give the nature, time, place and disposition of the case.

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**I affirm that the information contained in this application is correct to the best of my knowledge.  
I understand that by signing this form I am giving permission for a security check to be processed.  
I agree to conform to all policies and regulations of the Ronald McDonald House of Galveston.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*