

RONALD McDONALD HOUSE CHARITIES® OF THE BLUEGRASS

RONALD McDONALD FAMILY ROOM®
@ KY Children's Hospital

VOLUNTEER SERVICE APPLICATION
Confidential Information

(PLEASE PRINT)

DATE _____

Personal Information

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth _____

Ronald McDonald House Charities Family Room (RMHCFR)

Circle the days and the shifts you are available

Day of the Week	1 st Shift	2 nd Shift	3 rd Shift
Monday	9am – 1pm	1pm – 5pm	5pm – 9pm
Tuesday	9am – 1pm	1pm – 5pm	5pm – 9pm
Wednesday	9am – 1pm	1pm – 5pm	5pm – 9pm
Thursday	9am – 1pm	1pm – 5pm	5pm – 9pm
Friday	9am – 1pm	1pm – 5pm	5pm – 9pm
Saturday	9am – 1pm	1pm – 5pm	Closed
Sunday	Closed	1pm – 5pm	5pm – 9pm

To help provide stability to our staffing needs, we hope our volunteers can make a commitment to the RMHCFR for at least one year. Please indicate if you can make this commitment.

Yes _____ No _____ Comments: _____

To help provide stability to our staffing needs, we hope our volunteers can make a commitment for at least 1 shift per month. Please indicate how many shifts you can commit to per month. Comments: _____

Would you consider filling in a shift in an emergency situation:

Yes _____ No _____ Comments: _____

I have read and understand the "Process for Becoming a Volunteer at The Kentucky Children's Hospital".

Signature _____ Date _____

Please mail or deliver this application to: RMHC of the Bluegrass, 1300 Sports Center Drive, Lexington, KY 40502 (attn: RMFR Program) Contact: familyroom@rmhclexington.com or call 859-266-8683 with questions. All applicants will be contacted within 5 business days upon receipt of completed application.