

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 Family Room (RMFR)

Circle the days and the shifts you are available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-12	9-12	9-12	9-12	9-12	9-12	
12-3	12-3	12-3	12-3	12-3	12-3	12-3
3-6	3-6	3-6	3-6	3-6	3-6	3-6
6-9	6-9	6-9	6-9	6-9		6-9

To help provide stability to our staffing needs, we hope our volunteers can make a commitment to the RMHCFR for 12 consecutive months. 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 Duncan Smith at familyroom@rmhcl Lexington.com or call 859-492-4460 with questions.