

# Ronald McDonald House of Rochester HouseWarmer Application

**Personal Information (Please fill out completely)**

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

|   |       |                    |       |        |
|---|-------|--------------------|-------|--------|
| Name: Last  |       | First              |       | Middle |
| Address:  | Apt # | City               | State | Zip    |
| Home Phone<br>( )   |       | Cell Phone:<br>( ) |       |        |
| Best time to call:  |       | Best time to call: |       |        |
| E-Mail Address:   |       |                    |       |        |
| <p>How long have you lived in MN? _____<br/> <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i></p> |       |                    |       |        |
| 1. Address:   | Apt # | City               | State | Zip    |
| 2. Address:   | Apt # | City               | State | Zip    |
| How did you hear of volunteer opportunities at the Ronald McDonald House?   |       |                    |       |        |

**In Case of Emergency**

|                        |              |       |
|------------------------|--------------|-------|
| Emergency Contact Name | Relationship | Phone |
|------------------------|--------------|-------|

**Employment**

|                                     |                   |                    |
|-------------------------------------|-------------------|--------------------|
| Present /Most Recent Past Employer: | Address:          | Job Title:         |
| Length of Employment:               | Supervisors Name: | Supervisors Phone: |

**Volunteer Experience**

| Organization: | Address: | Assignments: | Dates: |
|---------------|----------|--------------|--------|
| 1.            |          |              |        |
| 2.            |          |              |        |

(Over)

## References

Please give a **COMPLETE ADDRESS**, including city, state and zip of 2 non-relatives. A reference questionnaire is sent. We **cannot** process application without full information.

| Name: | Address:   | Telephone #: | Relationship: |
|-------|--|--------------|---------------|
| 1.    | Street Address:<br>City:                      State:      Zip: |              |               |
| 2.    | Street Address:<br>City:                      State:      Zip: |              |               |

## Availability

Date available to begin volunteer service: \_\_\_\_\_

Are you able to make a 1-year commitment to the House as a HouseWarmer?

- Yes → I can work a three-hour shift every week or every other week.  
 No → I would like to discuss other volunteer opportunities with the Volunteer Coordinator.

## Special Interests

|   |
|---|
| Do you have a special interest or skill you would like to share with the Ronald McDonald House? |
|---|

## Other

|   |
|---|
| Have you ever been charged with a crime other than a minor traffic accident?    Yes [ ]    No [ ] |
| If Yes, please explain:   |

**Please read and sign: I certify that my answers are true and complete to the best of my knowledge.**

### Confidentiality

I agree to treat specific information I may gain through my volunteer service at the Ronald McDonald House with confidentiality. I understand that breach of confidentiality may result in immediate termination of my volunteer position.

### Statement of Health

I agree that I am in good health and do not have any restrictions, which may result in injury to myself or cause illness to others.

I understand that people with highly contagious diseases (airborne spread) and moderately contagious disease (person to person, through food or hands-on contact spread) must refrain from volunteering for 24 hours after last symptom has disappeared.

**Please sign this form in the space provided and return with your notarized Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:**

Volunteer Committee  
Ronald McDonald House  
850 2<sup>nd</sup> Street SW  
Rochester, MN 55902

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

Acceptance as a Ronald McDonald House volunteer is subject to a Criminal Background check with no record, positive response from two references and successful completion of training.



**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

To: BCA/Department of Records  
St. Paul, MN

Re: Data Request for:

Last Name of Applicant (please print): \_\_\_\_\_

First Name of Applicant (please print): \_\_\_\_\_

Middle Name (full) (please print): \_\_\_\_\_

Maiden, Alias or Former Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_  
(Required for out-of-state BCA)

This is a full and sufficient authorization, pursuant to Minnesota Statute 13.05, Subd. 4, to release to:

**Ronald McDonald House of Rochester, Minnesota, Inc.  
850 2<sup>nd</sup> Street SW  
Rochester, MN 55902**

**all Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children. This information will be confidential.**

The expiration of this information shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTARIZATION IS REQUIRED**

Please have this notarized before you return it to the Ronald McDonald House.

State of Minnesota, County of \_\_\_\_\_  
Signed, Sworn and acknowledgement before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_  
My commission expires \_\_\_\_\_.