

Ronald McDonald House Charities of Corpus Christi

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VOLUNTEER APPLICATION

Last Name: _____ First: _____ MI: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail: _____ D.O.B _____

Current Mailing Address

Street: _____

City: _____

State: _____ Zip: _____

Permanent Address (If Different)

Street: _____

City: _____

State: _____ Zip: _____

Social Security#: _____

Driver's License#: _____ State: _____

Are you 21 years or older? YES NO

Other than minor traffic offenses, have you ever been 1) convicted of a crime (misdemeanor or felony) or 2) received a probated sentence (including deferred adjudication) for an alleged crime. 3) been assigned a probation officer, or 4) pleaded guilty, no contest, or nolo contendere to an alleged crime? A yes response will not necessarily disqualify an applicant from volunteering. YES or NO

If yes, please explain. Attach additional pages if necessary: _____

Employment History

Are you currently or ever have been employed by RMHC-CC? Yes No

Dates: _____ Department: _____

Current / Last Employer: _____ Position: _____

Do you have any relatives employed at RMHC-CC? If Yes, Who? _____
No

Volunteer and Community Activities

Please tell us about previous volunteer experience and community involvement:

| Agency / Organization | Position | Dates |
|-----------------------|----------|-------|
| | | |
| | | |
| | | |
| | | |

References

References cannot be members of your family, or individuals with whom you reside, must be 18 years or older:

| | | | |
|---------------------------|-------|--------|------|
| REFERENCE 1: Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |
| REFERENCE 2: Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |
| REFERENCE 3: Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |

Skills / Interest

| | |
|---|-------------------|
| Indicate Special Interest / Skills: | |
| Computer Literate? | Foreign Language? |
| How did you learn about RMHC-CC? | |
| Please list friends/family currently volunteering at RMHC-CC: | |

I verify that the information provided is accurate to the best of my knowledge. I authorize RMHC-CC and its agents to confirm all information provided on this application. I RELEASE RMHC-CC AND ALL PERSONS AND COMPANIES FROM ANY CLAIMS, LIABILITIES OR DAMAGES FROM OBTAINING OR FURNISHING INFORMATION ABOUT ME.

SIGNATURE: _____ DATE: _____