

Ronald McDonald House Charities of Charleston, SC

Volunteer Application

81 Gadsden Street, Charleston, SC 29401
843-723-7957 (phone) 843-722-2204 (fax)

PERSONAL INFORMATION

Name: _____

Preferred Name: _____

Address: _____

Secondary Address: _____

Preferred Phone: _____

Email: _____

Date of Birth: _____ Gender: _____

Emergency Contact: _____

Are you currently under a physician's care? Yes No

Do you have any illness or allergies? Yes No

If you answered yes to either question above, please explain: _____

REFERENCE INFORMATION

List Personal and Work References Below:

Name	Relationship	Phone Number
1.		
2.		
3.		
Alternate:		

INTEREST/SKILLS

Please Indicate Any/All Special Interests or Experience:

	Interest	Experience		Interest	Experience
Art/Decorating Projects	<input type="checkbox"/>	<input type="checkbox"/>	Accounting/Finance	<input type="checkbox"/>	<input type="checkbox"/>
Card Writer	<input type="checkbox"/>	<input type="checkbox"/>	Clerical/Office	<input type="checkbox"/>	<input type="checkbox"/>
Committee Work	<input type="checkbox"/>	<input type="checkbox"/>	Dinner Helper	<input type="checkbox"/>	<input type="checkbox"/>
Dog Walker	<input type="checkbox"/>	<input type="checkbox"/>	Family Room	<input type="checkbox"/>	<input type="checkbox"/>
Food Lion Pick Up	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>

Continued Special Interests or Experience:

	Interest	Experience		Interest	Experience
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/PR	<input type="checkbox"/>	<input type="checkbox"/>	Playroom	<input type="checkbox"/>	<input type="checkbox"/>
Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	Salad Bar Helper	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

VOLUNTEER SCHEDULE INFORMATION

Please Fill in Preferred Days and Times Below:

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Any Comments or Information Regarding Your Schedule or Interests:

I certify that the information in this application is correct to the best of my knowledge. I authorize agents of the Ronald McDonald House Charities of Charleston to check the references I provided. I understand that completing the application process does not guarantee acceptance as a volunteer.

Signature: _____ **Date:** _____