



VOLUNTEER APPLICATION

Ronald McDonald House in New Hyde Park, NY

Date: _____

Miss/Ms./Mrs./Mr. _____
 (circle one) Last name First name

Address: _____
 Full street address

 City, State, Zip Code

Email Address: _____

Cell Phone: _____

Home Phone: _____

Date of Birth: _____

Spouse's Name: _____

Personal Reference: _____
 Name and phone number

STUDENT APPLICANTS:

High School Name _____ Graduation Year: _____
 College Name _____ Graduation Year: _____

NON-STUDENT APPLICANTS:

____ Employed / Name of Employer: _____ Work Phone _____
 ____ Retired

NOTIFY IN CASE OF EMERGENCY:

 Contact's Name, Relationship to you, Phone number

 Physician's Name, Phone number

PLEASE INDICATE THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO VOLUNTEER

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 a.m. – 1 p.m.							
1 p.m. – 5 p.m.							
5 p.m. – 9 p.m.							

YOUR SKILLS: Please check the skills you are proficient in:

COMPUTER WORK:

- Data Entry
- Microsoft Word
- Microsoft Excel
- Cash Receipt Ledger

GENERAL OFFICE WORK:

- Reception / Telephone
- Filing
- Typing

VAN DRIVER: Drive House van to provide transportation for families/
complete errands for the office staff

FUNDRAISING

SPECIAL EVENTS

PUBLIC SPEAKER (Training provided):

- Speaker's Program (Represent the House at offsite events)
- House Tour Guide (Give in-house tour to House visitors)

FOREIGN LANGUAGE PROFICIENCY

Please indicate language: _____

OTHER SPECIAL SKILLS OR INTERESTS that would benefit RMH-LI

Please list any other organizations for which you volunteer and describe your duties.

Why are you interested in becoming a volunteer at RMH-LI?

Applicant's Signature

Date

Please return your completed application to:
Betti McClellan, Director of Volunteers & Programs
RMHC New York Metro
267-07 76th Avenue
New Hyde Park, NY 11040
Phone: 516-775-5683 ext. 131 // email: bmcclellan@rmhcnym.org