

407 Smyth Road, Ottawa, K1H 8M8 Tel: (613) 737-5523 Fax: (613) 737-5524 www.rmhottawa.com

For Office Use Only
Date Application Received:
Interview Date:
References Checked: Yes No
Accepted: Yes No
Orientation Date:
Police Check:
TB test:
1st Training Date:

		1st Trainin	g Date:
_		2nd Trainii	ng Date:
18 or	Over Yes: ☐ No: ☐	Birth Date	: DayMonth
City:	Apt	No:	Postal Code:
Email:			
Bus:	Cell		
Bus:	Cell	:	
	Your Job Tit	le	City
	Job Descript	ion	City
McDonald Ho	ouse Volunteer?		
	City: Email: Bus:	City: Apt Email: Bus: Cell Bus: Your Job Tit	Email: Bus: Cell: Bus: Your Job Title Job Description

Please check the preferred times you are available to volunteer in the House Office House Office	How did you hear about Ma							
House Office								
Morning (9:30 to 1:00)	Please check the preferred	times you are availab	ole to volur	nteer in the I	House Offic	e		
Afternoon (1:00 to 4:00) Evening (5:30 to 9:30) Please check the preferred times you are available to volunteer in the Family Room Family Room Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning (9:00 to 1:00) Afternoon (1:00 to 5:00) Evening (5:00 to 9:00) We also require volunteer assistance with the following. Please check off those of interest to you.		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Please check the preferred times you are available to volunteer in the Family Room Family Room			+		1		+	
Please check the preferred times you are available to volunteer in the Family Room Family Room Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning (9:00 to 1:00) Afternoon (1:00 to 5:00) Evening (5:00 to 9:00) We also require volunteer assistance with the following. Please check off those of interest to you. Evening Family Activities (Movie Nights etc) Meal Preparation (Dinner at Our House) Baking and Kitchen Crew Special Events and Community Fundraisers Computer Data Entry/Tech support Administrative Support Handyman HEALTH INFORMATION: Have you ever had Chicken pox? Yes No Do you have any health concerns that may affect children staying at the House? Yes No REFERENCES: Please list three references - past or present employers, volunteer administrators, teachers etc. Please fill in their names, phone numbers and email addresses. NAME ORGANIZATION HOWD YOU KNOW PHONE EMAIL Evertify that the information given in this application questions honestly. As a volunteer at Manoir Ronald McDonald HOUSDAIL Certify that the information given in this application questions honestly. As a volunteer at Manoir Ronald McDonald House. I understand tha an ambassador for Manoir Ronald House. I understand tha an ambassador for Manoir Ronald House. I are for the volunteer commitment and house a family Room Volunteer, I agree to provide yet a Turber Leise steat and proof of of acceptance process, should be chosen as a Family Room Volunteer, I agree to provide a Tuber Leise steat and proof of of	` `		1		+			
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