



Thank you so much for your interest in volunteering with The Ronald McDonald House of Dallas.

We use 15 volunteers a day to cover the front desk as well as help the kitchen. Our shifts run from 9 am-12 pm, 12 pm-3 pm, 3 pm – 6 pm and 6 pm to 9 pm, seven days a week.

How do you know if you are a good fit for RMHD?

- You have considered your schedule and know that you can make a 3 hour commitment, one day a week for at least 3 months.
- You are willing to treat your volunteer commitment with the same respect you do work obligations.
- You enjoy greeting and welcoming new families that may or may not have ever been to Dallas in the past.
- You enjoy working in new situations, taking on different duties or helping in additional ways based on the needs of the House.
- You will treat this House with the same respect you have for your home.
- You are willing to volunteer wherever there is a greater need.
- You are able to respect the rules and regulation of RMHD in regards to patient privacy, information security and safety of families in the House.

If this sounds like the place for you, please take time to read all the documents. Fill out the attached forms and application and email or fax them back to me along with a copy of your ID or Driver's License. We will then find a time during the week to meet for a brief interview. You can pay your \$20 application fee once you have been assigned a volunteer position.

If you have any questions, please don't hesitate to email me.

Thanks again for your interest.

September Shelby
Volunteer Coordinator
sshelby@rmhdallas.org

VOLUNTEER JOB DESCRIPTIONS

Early Bird Volunteers:

(Monday- Friday, 7 am -9 am)

Early Bird Volunteers will work with the Operations Staff to help open up the House each morning and will be responsible for the following tasks:

- Drive House guests to their early morning doctor's appointments
- Answer the telephone and assist with front desk duties
- Assist with preparing and serving breakfast and breakfast clean-up

Front Desk Volunteers:

(Shift times: 9 am to 12 pm, 12 pm to 3 pm, 3 pm to 6 pm, 6 pm to 9 pm, 7 days a week)

Front Desk volunteers will work with the Operations Team at the front desk and will be responsible for the following tasks:

- Greeting Families and Visitors
- Providing Tours for Visitors- Donors, School Groups, New Families
- Performing the check-out process for families leaving the House
- Answering phone calls
- Taking referrals from social workers and returning families
- Administrative support for staff
- Write thank you notes for goods and services
- Providing Van Runs for Guests

Kitchen Volunteers:

(Shift times: 9 am to 12 pm or 12 pm to 3 pm, 3pm to 6 pm, 6 pm to 9 pm 7 days a week)

Kitchen volunteers will work closely with our Community and Family Activities Coordinator and Cooking Groups and will be responsible for the following tasks:

- Greet cooking groups
- Orient cooking groups to the kitchen, explain equipment and food handling
- Provide tours for cooking groups
- Make iced tea and coffee
- Aid in clean up in the kitchen after meals
- Clean common refrigerators, walk-in refrigerators, family refrigerators and family pantry
- Wash dishes and serving pieces after meals
- Stock snacks and cereal
- Stock family communal kitchen
- Bake cookies, breads and baked goods for guests
- Aid cooking groups that may need extra volunteers with preparing meals

Volunteer Code of Ethics and Conduct

Mission Statement: *“The Ronald McDonald House of Dallas, Inc. (“RMHD”) exists to serve and sustain families when catastrophe strikes the most cherished part of their lives, their children.”*

RMHD is a not for profit organization that provides a home-away-from-home for families whose children are receiving treatment for serious illnesses at a Dallas-area hospital. In an effort to service our families to the fullest potential, ensure the safety of our residents, staff, and volunteers, and to be confident that we are effectively carrying out our mission statement, all volunteers must adhere to the following general policies and guidelines while serving at RMHD:

General Policies:

- Any and all inquiries from the press or news media should be referred to the Chief Executive Officer.
- Volunteers should not operate any equipment that they have not received authorization and instruction to and should report any mechanical/operational malfunctions or concerns to staff immediately.
- Falsification of any personal information on RMHD records, including but not limited to volunteer applications is prohibited.
- RMHD maintains a smoke and tobacco-free environment.
- RMHD prohibits the manufacture, use, possession, distribution, or sale of drugs or alcohol at any time on RMHD property.
- RMHD is a non-profit entity and as such relies on donations from numerous individuals and corporations within the community. All property, including cash, of RMHD belongs solely to RMHD and is not to be commingled, used, borrowed or shared with volunteers, unless directly related to their assigned tasks of RMHD and at no time are properties belonging to RMHD available for personal use unless specified by a staff member.
- Volunteers must understand that RMHD will not be responsible or liable for any loss of or claim of damage to valuables, motor vehicles, or other personal Property, or for any personal injuries, illness or death from any cause (including even negligence, carelessness, or intentional act on the part of Ronald McDonald House of anyone associated with it).
- Volunteers are required to sign a Confidentiality Policy.
- Volunteers will be subject to a background check, including criminal history and driving record.

Guest Family Transportation:

- RMHD provides transportation to and from near-by hospitals a part of our service to families. Only volunteers authorized by the Volunteer Coordinator are permitted to drive RMHD vehicles.
- Under **no** circumstances are volunteers permitted to provide transportation to families in their own vehicles.
- RMHD supports the State of Texas’ mandatory use of seat belt law. All volunteers while in a moving vehicle, on behalf of RMHD, are required to properly use their seat belt and ensure that all transported passengers are in accordance as well.
- Volunteers are never to allow family residents to drive RMHD vehicles.

Personal Behavior:

- Volunteers may not report to work or represent RMHD in an official capacity under the influence of drugs or alcohol.
- RMHD prohibits the manufacture, use, possession, distribution, or sale of drugs or alcohol at any time on RMHD property.
- All RMHD volunteers are expected to dress in a professional manner appropriate to a family environment.
- If personal relationships develop between a volunteer and a family who is being serviced by RMHD beyond the realm of the Volunteer Job Description, RMHD reserves the right to dismiss/relieve the volunteer of their position.
- Volunteers will strive to maintain an attitude of respect, loyalty, patience, integrity and courtesy.
- Volunteers have a responsibility to report on time for their designated shifts. RMHD recognizes that at times volunteers will be late or absent for valid reasons. However, absences and tardiness result in a hardship in scheduling of work and put an undue workload on other volunteers and employees. Excessive absenteeism and/or tardiness may result in RMHD exercising their right to dismiss/relieve a volunteer of their position with RMHD.
- Volunteers must be free of physical and psychological conditions that might adversely affect residents’, staff and other volunteer’s wellbeing and health.

Abuse and Molestation Prevention:

- No volunteer shall inflict or cause to inflict any physical punishment on any child residing or visiting RMHD. “Physical Punishment” includes but is not limited to, spanking, striking the child anywhere on the body with the hand or an object even once, pushing or shoving a child, or flicking with the finger. Volunteers shall not direct any other person or child to inflict any form of physical punishment on another child.
- Volunteers will use clear and appropriate language when addressing children. No rude, off color, personal remarks, or name calling is to be done.
- Volunteers shall not touch or cause anyone else to touch another child in a manner that would be considered “molestation”. This includes touching, rubbing, caressing, any areas of a child’s bottom or genital or breast areas.
- No volunteer shall cause a child to touch, rub, caress, or perform any physical actions that would involve a child touching any part of the volunteer’s body.
- All volunteers shall watch for children engaging in any action with another child or adult that would include physical contact in an inappropriate manner such as those listed above.
- Volunteers should not put themselves in a situation where they are alone with a child in a private areas such as, but not limited to a bathroom or guestroom.
- If any observations or allegations of misconnect or molestation are known, the volunteer is required to report it to their supervisor and the Chief Executive Officer immediately.

I understand that any violation of this Code may be grounds for removal as a volunteer. Being fully aware of the matters contained in the Volunteer Code of Conduct and Ethics, I still desire consideration as a volunteer for the Ronald McDonald House of Dallas, Inc.

Volunteer’s Signature

Date

Printed Name

Volunteer Application

(Minimum age for volunteering is 18)

Please note there is a \$20.00 application fee.

Name: _____ Nickname: _____
(Last) (First) (Middle) (Mr./Mrs./Ms.)

Address: _____
(Street) (City, State) (Zip)

Email: _____

Home Number: _____ Cell Number: _____

Date of Birth: _____ Driver's License Number: _____ (Attach a Copy)

Current Employment:

(Position) (Company Name)

(Company Address)

(Name of Supervisor and email)

How long have you worked there? _____

Name of Spouse: _____ Employer: _____

Emergency Contact: _____
(Name) (Relationship) (Best Contact Number)

Have you ever been convicted of a felony? Yes _____ No _____

If you answered yes to the above, please provide date and details:

Education (highest level completed): High School _____ G.E.D. _____ Associate Degree _____ College _____ Graduate School _____

Membership in Civic, Social, or Religious Groups:

<u>Name</u>	<u>Leadership Position (If any)</u>
_____	_____
_____	_____

Volunteer Experience:

<u>Company/Organization</u>	<u>Position</u>	<u>Dates</u>	<u>Supervisor</u>
_____	_____	_____	_____
_____	_____	_____	_____

Why are you interested in volunteering at the Ronald McDonald House?

How did you learn of the Ronald McDonald House Volunteer Program?

What do you expect to get "personally" from being a Ronald McDonald House volunteer?

Is there anyone we should thank for recommending you to The Ronald McDonald House?

Shift Preferences: Shifts run 9am-12pm, 12-3pm, 3-6pm and 6-9pm seven days a week. Please list day and time preferences. We will keep you on file until any opportunity comes available that matches your preferences. You must agree to work one shift a week for at least three months.

First Choice- (Day and time)_____

Second Choice-(Day and time)_____

Third Choice- (Day and time)_____

Special Skills/Training:

Do you have special skills or training that would be of assistance at the Ronald McDonald House? Please let us know!

Do you speak another language? If so, which one(s)?_____

Are you CPR/First Aid Certified? Yes _____ No _____

Do you have any physical or psychological limitations that would impact driving or providing assistance to families at the Ronald McDonald House of Dallas? If so, please provide details:

References: Please provide 2 references (**other than family**) who have known you for over 2 years in a personal or professional capacity. They will be emailed a reference form.

Name

Email

Years Known

1. _____

2. _____

By signing below, I agree to uphold and abide by the policies and procedures of the agency. Additionally, I give permission for my employer and all other listed references to be checked.

Date: _____ **Signature:** _____

Fee Processed: _____

Ronald McDonald House of Dallas Confidentiality Policy

This confidentiality policy explicitly states what information employees, members of the Board of Directors, and volunteers are prohibited from disclosing during and after their employment or volunteer experience, and it requires a signature.

CONFIDENTIAL INFORMATION

The employees, members of the board, and volunteers of the Ronald McDonald House of Dallas (RMHD) manage and have access to confidential information that must stay within our organization. Confidential information includes, but is not limited to, our guest families, donors, supporters, employees, marketing processes, as well as our financial information, which includes current and future business plans, our computer and software systems and processes, personnel information, and associated documents. Employees, board members and volunteers are not permitted to share this confidential information with anyone outside the organization, or to remove or make copies of any of the RMHD records, reports, or documents in any form, without prior management approval. Disclosure of confidential information may lead to disciplinary action, which may include termination of employment or volunteer opportunity, as well as other possible legal action. Additionally, employees, board members and volunteers of RMHD are prohibited during and/or after employment and volunteer experience from using RMHD's confidential information in any form for their own purposes or for those of other persons or entities. Finally, all confidential information relative to RMHD, regardless of its form, must be returned to the organization at the time of termination of employment or volunteer opportunity with the organization.

Statement of Understanding and Agreement

I am aware that, during the course of my employment or volunteer opportunity, confidential information will be made available to me. Further, I understand that this information is proprietary and critical to the success of RMHD and may not be distributed or used outside of RMHD premises or with non-RMHD individuals. In the event of my termination of employment or volunteer opportunity, whether voluntary or involuntary, I hereby agree that I will not utilize or exploit this information for my own personal gain, or share it with any other individual, nonprofit agency, or company.

Signature

Date

Print Name

VOLUNTEER INQUIRY RELEASE

In conjunction with my application to volunteer (including contract services) with you, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to allow me to volunteer with your company. If you contemplate making an adverse volunteer-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am chosen to volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my time with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth: _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

Notice to Applicants Living in CA, OK or MN
By checking this box, I request to receive a free copy of any Report ordered on me.
Email address: _____ **
** By entering my email address, I authorize Selection.com to deliver my Report via email

Notice to California Residents:
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

●●●●●●●●●● IF FAXING REQUEST, THIS SECTION **MUST** BE COMPLETED BY EMPLOYER FOR PROCESSING ●●●●●●●●●●

Customer Number _____ Location or Store Number _____ Date Submitted _____
Contact Person _____ Phone Number _____ Position Applied For _____
Information Requested: Combined Report: _____ Individual Reports: _____
Criminal Convictions County(s) and state(s) _____
Other: _____