



Keeping families close®

45 Gay Street  
Providence, RI 02905  
401-274-4447  
[www.rmhcne.org](http://www.rmhcne.org)

Dear Prospective Volunteer,

Thank you so much for your interest in volunteering at the Ronald McDonald Charities of New England – Providence. Our House is a home-away-from-home for families of children who are being treated in area hospitals. We are neither a healthcare nor childcare facility but provide a temporary residence for as many as 28 families.

The “heart of the House” is the volunteer program. Volunteers serve in many capacities, helping to make the House a comfortable and supportive place for our families. Volunteers must be at least 18 years old.

Volunteer duties are varied depending on the day of the week, time of day, occupancy rate, turnover of families, and inclinations of the volunteers. Below is a list of some tasks for which volunteers may be responsible:

- Checking families in and out of the House
- Answering telephones and doors
- Helping with mailings and writing thank you letters to donors
- Assisting with household chores/maintenance
- Being available to families to answer questions or just to listen

While the list describes typical volunteer duties, our House is successful in serving families due to the flexibility of those individuals who volunteer. We depend upon people who are willing to “pitch in” wherever they are needed. Volunteers work 4-hour shifts, anywhere from one to four times per month.

We encourage you to complete an application so that you can become part of the wonderful team on which our House depends. Once your application has been received, we can begin to process it. An interview along with a tour of the House will be the next step. We look forward to having you join us and the families who call this their home-away-from-home.

Sincerely,

The RMHCNE - Providence Operations Team

# Ronald McDonald Charities of New England – Providence House

## VOLUNTEER APPLICATION

(Volunteers must be at least 18 years of age)

Please print clearly

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_  
(Primary phone) (Secondary phone)

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you presently a student? \_\_\_\_\_ Educational level completed \_\_\_\_\_

Occupational Status:  Employed  Looking for employment  Retired  Other

Most recent employment experience \_\_\_\_\_ Dates \_\_\_\_\_

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

\_\_\_\_\_

Why do you want to be a volunteer for the Ronald McDonald House? (Please attach a note if needed)

\_\_\_\_\_

Please list any special skills that may be relevant/languages spoken: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any medical problems that we should be aware of? (if yes, please explain)

\_\_\_\_\_

Allergies: \_\_\_\_\_

*The Ronald McDonald House Charities of New England is an equal opportunity non-profit agency and recognizes and maintains policies and practices that prevent discrimination against any applicant on the basis of race, color, religion, creed, ancestry or national origin, sex, age, sexual preference, marital status, or physical disability.*

## Please Fill In Your Available Schedule

We have three volunteer positions available:

1. **Shift volunteers** work 4-hour shifts weekdays.
2. **Relief managers** oversee the operations of the House when the staff is off duty. They commit to 4-hour shifts throughout the week and on weekends.
3. **Holiday Relief Managers** cover shifts on holidays when staff and/or regular volunteers are not on duty.

**Shift Volunteer – Please check day/time you are available**

|           | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| 9am – 1pm |        |         |           |          |        |
| 1pm – 5pm |        |         |           |          |        |

**Relief Manager Weekdays – Please check day you are available**

|           | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| 5pm – 9pm |        |         |           |          |        |

**Weekend Relief Manager – Please check day/time you are available**

|           | Friday | Saturday | Sunday |
|-----------|--------|----------|--------|
|           |        |          |        |
| 9am – 1pm |        |          |        |
| 1pm – 5pm |        |          |        |
| 5pm – 9pm |        |          |        |

**Holiday Relief Manager**

**If you are interested in becoming a Holiday Relief Manager, please indicate which holiday(s) you will be able to cover:**

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## References

Please provide three references. Employers, co-workers, friends and neighbors make great references. Please use names other than family members.

1. \_\_\_\_\_  
Name Phone number

2. \_\_\_\_\_  
Name Phone number

3. \_\_\_\_\_  
Name Phone number

**Please Note: the BCI form and copy of your ID front and back, should be returned to RMHCNE - Providence, do not mail directly to Attorney General's Office.**



STATE OF RHODE ISLAND  
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920  
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha  
Attorney General

Full Name of Applicant: \_\_\_\_\_

Maiden Name / other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Purpose: \_\_\_\_\_

( Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc.. )

**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to \_\_\_\_\_ (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Note: A copy of photo identification with date of birth must accompany this Release.  
If the Record request is to be MAILED, please provide an addressed, stamped envelope.**