



# Volunteer Opportunities

The Ronald McDonald House Charities® of Hawaii (RMHC) volunteers are the foundation of our House. As a volunteer, you assist us in many remarkable ways from administrative duties to light house cleaning. By contributing your time to volunteer, you will enable us to continue our mission to help families with seriously ill children.

## **Office Volunteers**

As an Office Volunteer you would assist with the daily office operations, which may include computer work and filing.

## **Green Thumb Volunteers**

Do you enjoy working with your hands? As a Green Thumb Volunteer you help to ensure that our grounds are always looking healthy and beautiful.

## **Newsletter Volunteers**

Whether it is helping produce aspects of the newsletter or simply running them through the postage meter, Newsletter Volunteers enjoy working independently.

## **House Cleaner Volunteer**

As a House Cleaner Volunteer you help to ensure that our premises are always healthy environments for our Families.

## **Extra Hand Volunteers**

We are always looking for those individuals who are willing to help around the House with all the "extras" that need to be done.

## **Fundraising Volunteers**

Energetic individuals are needed to help with our numerous fundraising events.

## **Bake Night Volunteers**

Do you enjoy baking cookies, brownies, or breads? As a Bake Night Volunteer, you help children bake all kinds of goodies!

## **Arts & Crafts Volunteers**

Help kids of all ages make anything from a paper plate mask to a Popsicle birdhouse. Bring your creative touch to the children of our House.

### **Special Events Volunteers**

Energetic and outgoing individuals are needed to participate in on-call activities, such as our Annual Golf Tournament.

### **Sunday Dinner Volunteers**

Do you enjoy cooking? As a member of the Dinner Club you provide a great meal and memorable experience for our guests!

### **RMH Family Room Volunteers**

The Ronald McDonald House Family Room offers patients and their families a place to "get-away", a place to rest and relax away from the hospital conditions. This room is completely managed by volunteers; open seven days a week from 9am to 9pm.



# *Volunteer Guidelines*

## **RMHC Orientation**

- ♥ Volunteers of Ronald McDonald House Charities® of Hawaii (RMHC®) will attend an orientation at the Judd Hillside location. This session will include a history on RMHC, its mission, programs, and a tour of the House.

## **Training**

- ♥ RMHC volunteers will be trained in their area of interest by their supervisor. Your supervisor is the staff member you are working under. You will be required to check in with this supervisor at the completion of each task.

## **Volunteer Expectations**

- ♥ Volunteers are expected to follow House Rules.
- ♥ You are required to be at least fourteen years old in order to volunteer with RMHC. Exceptions will be made if there is an adult supervisor.
- ♥ In the event that you are ill, please contact the House at 973-5683 and let your supervisor know that you are unable to make it in.
- ♥ If you are experiencing any of the following, please do not report to your shift: flu, diarrhea, cold symptoms, fever blisters, skin rash or, if you have been exposed to infectious diseases, tuberculosis, chicken pox, measles, mumps, or whooping cough.
- ♥ Hand washing is the most important precautionary measure in controlling the spread of infection. Please make sure you wash your hands after using the restroom, after using cleaning products, and before preparing any food.
- ♥ There is no smoking at any RMHC facility.
- ♥ In the event that you would like to terminate your status as a volunteer, please contact Michael Ahakuelo, at 973-5683 x241.

## **Confidentiality**

- ♥ All confidential information that volunteers may be given access to in the course of performing their volunteer duties must be kept strictly confidential. Any breach of confidentiality will result in immediate dismissal from the Volunteer Program.
- ♥ Names, addresses, home telephone numbers, and other contact or identifying information, diagnoses, care, treatment, health insurance coverage, personal affairs or records, and personal circumstances of RMHC guests are strictly confidential and may not be shared with anyone, or disclosed in any manner or left open to public view or access.
- ♥ RMHC volunteers must never actively seek information regarding patient illnesses, care, treatment or progress.

## **Communication and Attitude**

- ♥ Volunteers will present qualities of friendliness, honesty, dependability, flexibility, efficiency, good social skills and show initiative to learn.
- ♥ Volunteers will deal with the public, staff, and families in a helpful supportive manner.
- ♥ Volunteers will display cultural sensitivity towards our families.
- ♥ Even though a volunteer may have some training and/or expertise in the fields of social work or counseling, we are not allowed to offer these services to our guests. If a family indicates their need for such services, the volunteer should notify a staff member or encourage them to talk to the patient's nurse or social worker.
- ♥ It is important that if you have any questions or concerns please contact Michael Ahakuelo, the Volunteer Coordinator, at 973-5683 ext.241.

## **Dress Code**

- ♥ Volunteers are encouraged to dress in a comfortable manner. Business casual, jeans, walking shorts, and tennis shoes are acceptable attire.
- ♥ Make sure to consider the duties that you will be performing and dress appropriately.

## **Telephone Use**

- ♥ Office phones are business phones; therefore, we request that volunteers limit the use of RMHC phones for personal reasons.

## **Parking**

- ♥ Volunteers at the Judd Hillside House should park across the street on Kamehameha Ave.
- ♥ Volunteers at the Family Room park the Kapiolani Medical Center parking lot and more detail on parking will be explained during Kapiolani's orientation to the hospital.
- ♥ Special exceptions for parking in the Judd Hillside House lot may be made by the Volunteer Coordinator or the House Manager.
- ♥ We strongly suggest that you lock your car at all times and that you place valuables in your trunk or bring them with you. Ronald McDonald House Charities<sup>®</sup> of Hawaii will not be responsible for theft or loss.

## **Meals**

- ♥ The House will not provide meals. If you feel the need to eat while on shift, feel free to bring your own food from home. You may store your food in the kitchen refrigerator. Please remember to put your name and date on it.
- ♥ Food & drinks are only allowed in the dining room and lanais.
- ♥ RMHC Family Room volunteers may bring their own food or use a \$5.00 meal certificate provided for each shift they volunteer for.



# Application for Volunteer Services



Your Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How did you hear about our organization?

Friend-Tell us who \_\_\_\_\_
  Phone Book
  Local News
  Newspaper
  Live in Neighborhood

Other: \_\_\_\_\_

## Current Employment

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Comp. Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

## Past Employment

Firm Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Dates Employed \_\_\_\_\_

## When are you available?

Day of week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I am interested in being a...

- Long term volunteer (a year or more)  
 Short term volunteer (less than one year)

I am interested in volunteering...

- Once a week  
 Twice a month  
 Monthly  
 Other: \_\_\_\_\_

I am interested in the following activities see attachment for descriptions:

- Sunday Night Club
  Office Volunteer
  Extra Hand
  Green Thumb
  Bake Nights
  Newsletter
- Special Events
  Fund Raising
  Family Driver
  Craft Nights
  Family Room Volunteer
  Other

I have these special skills and interests:

- Secretarial       Solicitation or Fundraising       Handyman       Word Processing       Cooking/Catering
- Graphic Arts       Computer Whiz       Photography       Gardening       Artist/Music

Do you know a foreign language? If so, which? \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, explain when, where, type of offense(s)

\_\_\_\_\_  
(A conviction will not necessarily disqualify applicant from position applied for.)

Personal References (2):

1) Name: _____	Phone: _____
Address: _____	_____
Relationship: _____	_____
2) Name: _____	Phone: _____
Address: _____	_____
Relationship: _____	_____

Volunteer Experience (e.g. community, civic, religious organizations):

Organization: _____	Dates: _____
Address: _____	_____
Assignments: _____	_____

Reason: <input type="radio"/> Extra Time <input type="radio"/> Class/Degree <input type="radio"/> Pers. Fulfill. <input type="radio"/> Profess. Dev. <input type="radio"/> Family/Friend <input type="radio"/> Other _____ _____	Do you have any physical limitations That may interfere with the specific work you are interested in? _____ _____ _____ _____ _____
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Emergency Contact Information

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

I certify that the information contained in this application is true and correct to the best of my knowledge. I give consent to my current and previous employers and persons given as references to respond to verbal or written requests for further information. Any applicants under the age of 18 must have their parent or guardian sign on their behalf.

Signature: _____	Date: _____
Parent/Guardian: _____	Date: _____



# Ronald McDonald House Charities<sup>®</sup> of Hawaii, Inc.

## Volunteer Release and Waiver Form

I, the undersigned, wish to volunteer at Ronald McDonald House Charities of Hawaii (RMHC-HI). I understand that there may be certain risks involved in participating as a volunteer. Knowing this fact, I hereby release, discharge and hold harmless RMHC, its directors, officers and agents from all liability for personal injury, death, property damage and other loss or damage arising from or related to my own actions, the actions of RMHC-HI's clients, volunteers or RMHC-HI. I hereby agree that I, my heirs, legal representatives and assignees will not make any claim against RMHC-HI for personal injury, death, property damage, or loss resulting from negligence or other acts, whether caused by the negligence of RMHC-HI or otherwise.

I hereby release and discharge RMHC-HI from all actions, claims or demands that I, my heirs, legal representatives and assignees now have or may hereafter have for personal injury, death, or property damage in connection with or arising out of my volunteer work with RMHC-HI, even if caused in whole or part by the negligence of RMHC-HI. I further agree that I shall indemnify and hold harmless RMHC-HI from and against any and all claims, damage losses, expenses, including litigation costs, arising out of or resulting from my actions in connection with my RMHC-HI volunteer activities, provided that any such claim, damage or loss is caused in whole or in part by my own negligent act or omission, regardless of whether it is caused in whole or in part by the negligence of RMHC-HI.

I expressly agree that the foregoing Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii, and that if any provision is held as invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect. I understand and intend that this Release and Waiver shall remain effective from the date of execution.

I have carefully read this Release and Waiver, and fully understand its contents. I am aware that this is a release of liability and I have signed it of my own free will.

X \_\_\_\_\_  
 Print volunteer name

X \_\_\_\_\_  
 Volunteer signature \_\_\_\_\_ Date

X \_\_\_\_\_  
 Signature of parent or guardian \_\_\_\_\_ Date  
 (If volunteer is under 18 yrs old)

*Volunteer forms for minors without a parent/guardian signature will not be accepted.*

**Criminal Record Disclosure & Verification**

I understand that RMHC-HI holds a position of trust with the children and families who are guests at its facilities, as well as the community at large. To protect this trust, RMHC-HI may ask me to provide personal references, and reserves the right to do a criminal record check on me. By signing this application, I agree to disclose to RMHC-HI any potential conflict of interest and anything in my background that may affect the trust between RMHC-HI, the families, children and community. While RMHC-HI is grateful for all interest in its volunteer program, I understand and agree that RMHC-HI reserves the right to decline a person's offer to volunteer.

**Volunteer Guidelines**

I agree to abide by all the guidelines and policies set forth in the RMHC-HI Volunteer Program.

X \_\_\_\_\_

Print volunteer name

X \_\_\_\_\_

Volunteer signature

\_\_\_\_\_

Date

X \_\_\_\_\_

Signature of parent or guardian  
(If volunteer is under 18 yrs old)

\_\_\_\_\_

Date

*Volunteer forms for minors without a parent/guardian signature will not be accepted.*

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**Photo Release Section**

Yes\_\_\_(Initial), I hereby authorize Ronald McDonald House Charities of Hawaii (RMHC-HI) to use my photograph, and/or story in all materials related to media coverage and RMHC-HI publications.

No\_\_\_(Initial), I hereby choose not to have Ronald McDonald House Charities of Hawaii (RMHC-HI) to use my name, photograph, and/or story in any materials related to media coverage and RMHC-HI publications.

\_\_\_\_\_

Print volunteer name

\_\_\_\_\_

Volunteer signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print parent or guardian's name (if volunteer is a minor)

\_\_\_\_\_

Parent or guardian's signature (if volunteer is a minor)

\_\_\_\_\_

Date