

Aloha!

Thank you for your interest in volunteering at the Ronald McDonald House Charities of Hawaii (RMHC-HI). As a volunteer, there are many ways to help us maintain our mission of providing "a home away from home" for families with a seriously ill and critically injured child. By contributing your time as a volunteer, you will be making a big difference in the lives of many families during a time when they need support the most.

Enclosed is our volunteer packet, which consists of our volunteer application, waiver and release form, opportunity list, and guidelines. Please review the information, and if you feel this is a perfect opportunity, please make an appointment today through lindsey@rmhchawaii.org.

You may also mail or fax your application to us at the following address below. We look forward to having you a part of our Ronald McDonald House 'ohana!

Mahalo, Ronald McDonald House Charities of Hawaii P.O. Box 31777 Honolulu, HI 96839-1777 Phone: (808) 973-5683

Fax: (808) 955-8794

House Application for Volunteer Services



| Your Name: | | | Date of Birth: | | | | | | | | |
|---|---|----------|-----------------------------|------|-----------------------------|---------------------------------------|-------------------------|--------------------------------------|---|---------------------|--|
| Mailing Address | | | | | | | | | | | |
| En | nail Address | | | | | | | | | | |
| Primary Phone | | | | | | | Other Phone | e | | | |
| Но | w did you hear | about | our organization? | | | | | | | | |
| 0 | Friend or Relative Other: | | | |) Radio | 0 | Internet O | Newspaper | 0 | TV | |
| Со | mpany Name: | | Job Title: | | | | | | | | |
| Work Phone: Address: | | | Date Employed: | | | | | | | | |
| Pa | st Employment | (If Cur | rent Employment | less | than 1 ye | ar) | | | | | |
| Firm Name: | | | Job Title: | | | | | | | | |
| Firm Address: | | | | | | , , , , , , , , , , , , , , , , , , , | | | | | |
| Phone: | | | Dates Employed: | | | | | | | | |
| Wh | en are you ava | ailable? | | | | | | | | | |
| Day of Week Monday Tuesday Wednesday Thursday Friday Saturday Sunday | | Mornin | g Afternoon | Eve | | O LA O S Iami O O O T | | nteer (a year or nteer (less than | | | |
| l ar | I am interested in the following activities (see attachment for a description): | | | | | | | | | | |
| 0 | Office Volunteer | 0 | Green Thumb Volunteer |) | Welcome Bag Volunteer | 0 | Extra Hand Volunteer | O Special Events Volunteer | 0 | Baking Volunteer | |
| 0 | Sponsor Meal Volunteer | s O | Family Support | | Other | | | | | | |

| have these specia | al ski | lls and interests: | | | | | | |
|--|---|---|---|--|---|--------------------|---|---|
| O Secretarial | 0 | Solicitation or Fundraising | 0 | Handyman | 0 | Word Processing | 0 | Cooking/Catering |
| O Graphic Arts | . • | Computer Whiz | 0 | Bilingual | 0 | Gardener | 0 | Artist/Music |
| Do you know a fore | | | | | | | | |
| nave you ever bee disposition of case. | | nvicted of a felony | // Y6 | es No | _ IT ye | es, explain whe | n, wne | ere, type of offenses and |
| (A conviction will n | ot ne | ecessarily disquali | fy a | oplicant from | oositi | on applied for.) | | |
| Personal Reference | es (2 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 1) Name: | | | | ili didene en | *************************************** | Phone: | *************************************** | |
| Address: | | | | | | | | |
| Relationship: | | | | | | | | |
| 2) Name: | | | | | | Phone: | *************************************** | |
| Address: _ | | | | | _ | | | |
| Relationship: | | | | | | | | |
| Volunteer Experien Organization: _ Address: _ | | e.g. community, civ | | | *************************************** | Dates: | | |
| - Assignments: | | | | | | | | |
| Reason: | | nemen en e | *************************************** | | | | ///-//-/deturuum | |
| O Extra Time O Class/Degree O Pers. Fulfill. O Profess. Dev. O Family/Friend | th | Do you have any physical limitations that may interfere with the specific work you are interested in doing? | | | _ | | - | |
| O Other | NPHARAMATAN AND AND AND AND AND AND AND AND AND A | | | | | | | |
| Emergency Contact | Info | rmation | | | | | | |
| Name: | | | | | | Phone: | | |
| Relationship: | | | | | _ | | | |
| ve consent to my c | urrer | nt and previous en | nplo | yers and pers | ons g | iven as referer | ices to | of my knowledge. I o respond to verbal or neir parent or guardian |
| Signature: | | | | · · · | | | Da | te: |
| arent/ Guardian: | | | | | | | Da | ite: |

RONALD MCDONALD HOUSE CHARITIES OF HAWAII

Ronald McDonald House Charities® 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 (If volunteer is under 18 yrs old) | Date |

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 f | orth in the RMHC-HI Volunteer Pro- |
| gram. | |
| 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. |
| Photo Release Se Yes(Initial), I hereby authorize Ronald McDonald I- use my photograph, and/or story in all materials relate publications. No(Initial), I hereby choose not to have Ronald M | douse Charities of Hawaii (RMHC-HI) to media coverage and RMHC-HI |
| (RMHC-HI) to use my name, photograph, and/or story erage and RMHC-HI publications. | in any materials related to media cov- |
| 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 |

The Ronald McDonald House Charities® of Hawaii (RMHC-HI) 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.

Welcome Bag Volunteers

We are always looking for volunteers who have access to a sewing machine to create precious infant blankets, beanies, booties, pillowcases, etc. You can also create a drive or purchase useful playful items like gift cards, notepads, snacks,travel games,stickers, ANYTHING! We will put them in a welcome bag and present to our families.

Extra Hand Volunteers

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

Fundraising/Special Events Volunteers

Energetic individuals are needed to help with our numerous on calls special & fundraising events throughout the year such as our annual Golf Tournament and Gala.

Bake Night Volunteers

Do you enjoy baking? As a Bake Night Volunteer, you provide a variety of baked goods for the Ronald McDonald Houses.

Breakfast, Lunch, and Dinner Volunteers

Sponsoring meals for 35 - 40 people, provides a great opportunity to meet and greet the families at the House. You can cater, potluck, or cook a home cooked meal for our families at the Judd Hillside House. Be creative and incorporate a theme cuisine and/or around your favorite holiday throughout the year.

Family Support Services Program

Welcome and assist those visiting or staying at Hawaii's Ronald McDonald Houses by staffing the reception and welcome desks. During their shift, volunteers can also choose to help us with one of our other programs, including our: Snack Attack Program, RMHC-HI Cookbook Program, and/or our Special Projects Program, which includes arts/crafts activities, getting in the holiday spirit, and/or helping with our Family Resource Center. Volunteers must commit to at least two four-hour shifts per month; six month volunteer commitment required.

To set up an appointment, please contact us at lindsey@rmhchawaii.org.



Volunteer Guidelines

RMHC Orientation

Volunteers of the 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, house rules 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 the Volunteer Services Manager know that you are unable to make it in.
- ▼ If you are experiencing any of the following, please notify the Volunteer Services Manager that you will not be reporting for 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.
- ▼ Volunteers will only be able to smoke if they are over the age of twenty-one. Smoking will only be allowed in the designated area.
- ▶ In the event that you would like to terminate your status as a volunteer, please contact Lindsey Tolentino, the Volunteer Coordinator, 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 the Volunteer Services Manager at 973-5683 ext.241.

Dress Code

- ♥ Volunteers are encouraged to dress in a comfortable, family-appropriate 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 you limit the use of RMHC phones for personal reasons.

Parking

- ▼ Volunteers at the Judd Hillside House should park on nearby streets; one area is across the street on Kamehameha Avenue.
- ▶ Special exceptions for parking in the Judd Hillside House lot may be made by the Volunteer Services Manager 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[®] 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 white refrigerator. Please remember to put your name and date on it.
- ▼ Food & drinks are only allowed in the dining room and lanais.