



Volunteer Application

Thank you for your interest in sharing your time with RMHC Midwest MN, WI, IA.

How did you hear of volunteer opportunities at RMHC Midwest MN, WI, IA?
Do you have a special interest or skill you would like to share with RMHC Midwest MN, WI, IA?

RMHC Midwest MN, WI, IA Volunteer Application Process

1. Complete application
2. Verified references
3. Completed Orientation session
4. Signed Authorization for Release of Criminal History Record*
5. Signed Volunteer Agreement
6. Clear criminal Background Check
7. Successful completion of two training sessions
*completed following Training session

Personal Information (Please fill out completely)

Date: _____

Name: Last		First		Middle	
Address:	Apt #:	City:	State:	Zip:	
Home Phone: ()		Cell Phone: ()			
Best time to call:		Best time to call:			
E-Mail Address:			<input type="checkbox"/> I am at least 16 years of age		
How long have you lived in MN? _____ <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i>					
1. Address:	Apt #:	City:	State:	Zip:	
2. Address:	Apt #:	City:	State:	Zip:	

In Case of Emergency

Emergency Contact Name:	Relationship:	Home Ph: ()
		Cell Ph: ()

Employment

Present /Most Recent Past Employer:	Address:	Job Title:
Supervisors Name:		Length of Employment:
Supervisor Email:		Supervisors Phone:

Volunteer Experience

Organization:	Address:	Assignments:	Dates:
1.			
2.			

References

Verified references of unrelated individuals required to confirm application. RMHC will mail or email questionnaires to individuals listed below. Please provide complete mailing or email addresses.

Name:	Address:	Phone #:
1.	Address:	Phone #:
	City: State: Zip:	Relationship:
	Email:	
2.	Address:	Phone #:
	City: State: Zip:	Relationship:
	Email:	

Other

Have you ever been charged with a crime other than a minor traffic accident? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
If Yes, please explain:

Please sign this form in the space provided and return with your Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:

Volunteer Committee
 RMHC Midwest MN, WI, IA
 850 2nd St. SW
 Rochester, MN 55902

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____



Ronald McDonald
House Charities[™]
Midwest | MN, WI, IA

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

Current (**full**) Home Address (please print): _____

Previous Home Address: _____

(Previous address if less than 5 years at current address)

Date of Birth: _____ / _____ / _____ Sex (M or F) _____
Month/Day/Year

Social Security Number: _____

This is a full and sufficient authorization, pursuant to Minnesota state and federal law including, but not limited to, Minnesota Statute 13.05, Subd. 4, to release to:

**RMHC Midwest MN, WI, IA
850 2nd St. SW, Rochester, MN 55902**

All Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children.

The expiration of this information shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date