

## **VOLUNTEER SERVICE APPLICATION**

NAME									
CURRENT ADDRESS									
CITY STATE									
BEST NUMBER(S) FOR CONTACT									
E-MAIL ADDRESS									
PLACE OF EMPLOYMENT									
EMERGENCY CONTACT									
IN CASE OF EMERGENCY, NOTIFY									
RELATIONSHIP									
BEST NUMBER(S) FOR CONTACT									
You must be at least 18 years old to apply as a house volunteer and fill out the attached background check.	You must be at least 16 years old to apply as a special event volunteer.								
WHAT INTERESTED YOU ABOUT VOLUNTEERING AT RONALD MCDONALD HOUSE® OF MEMPHIS?									
HOUSE VOLUNTEERS OPPORTUNITIES are 4 hour shifts per day: 9AM-1PM, 1-5PM or 5-9PM. Volunteers are responsible for front desk support which includes greeting and assisting families or guests.	<b>SPECIAL EVENT OPPORTUNITIES</b> are available throughout the year. You will be notified of events via the email address you provide.								
CONFIDENTIALITY AGREEMENT									
I agree to treat any information pertaining to the families, staff, or volunt confidential. Ronald McDonald House® volunteers have an ethical respondential.									
I also certify the information contained in this application to be true and to my current and previous employers and persons given as references t further information.	, , ,								
SIGNATURE	DATE								
Please return to: Ronald McDonald House of	Memphis								
535 Alabama Avenue, Memphis, TN 38105									
Phone: (901) 529-4055   Email: volunteers@rmhc-memphis.org									

– To be a house volunteer, please fill out the background check approval form.



## FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Through this document, it is being disclosed to me and I understand that a Consumer Report or Investigative Consumer Report may be prepared about me as a part of my employment and/or continued employment (this includes volunteers and contracts for service). An "investigative consumer report" includes information as to your character, general reputation, personal characteristics and mode of living.

I authorize Ronald McDonald House® of Memphis to procure a Consumer Report from Data Facts, Inc. and its agents to retrieve necessary information and prepare such Consumer Report. I hereby, authorize all persons, schools, corporations, government agencies or other organizations to release information regarding my personal, employment and educational history, including law enforcement records without restrictions. If an Investigative Consumer Report is procured then "A Summary of Your Rights under the Fair Credit Reporting Act" will be provided to you at the time you receive this disclosure and authorization. I understand that my consent will apply throughout my employment, to the extent permitted by law.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights, under the Fair Credit Reporting Act". I may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand I have a right to inspect those files with reasonable notice during regular business hours. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: Data Facts, Inc. PO Box 4276, Cordova, TN 38088-4276 (800)264-4110, 901-685-7599 www.datafacts.com.

38088-42/0 (800)204	-4110, 901-083-739	y ww	/w.aai	rarac	ts.con	١.					
May your current employer be contacted?					No 🗆		Not currently employed		Post hire only		
<b>California, Minnesota</b> Are you employed in, see	•	or a re	esider	nt of c	one of	the	se states?		Yes		No
If so, do you wish to receive a copy of any Consumer Report of which you are the subject of?						ou are the subject of?		Yes		No	
Maine and New York requested by the above r	_	upon	reque	est, to	be in	forn	ned of whether a Consume	r Repo	ort ab	out y	'ou was
SIGNATURE OF APPLICANT OR EMPLOYEE						DAT	DATE				
The following is for ident	ification purposes (to	perfo	orm th	e ba	ckgro	und	check and will not be use	d for a	any ot	her p	ourpose).
First Name			Middle Name					Last Name			
DRIVERS LICENSE #			STATE ISSUED								
SOCIAL SECURITY NUMBER			DATE OF BIRTH								
CURRENT ADDRESS							CITY				
STATE	ZIP CODE	<u>.</u>	СО	UNT	Υ		LENGTH AT	ADD	RESS		
PREVIOUS ADDRESS - I	st any counties, cities	, state	s you	have	lived	In t	he previous 7 years.				
OTHER NAMES - list any	y other last names yo	u have	e usec	l in th	ne pre	viou	us 7 years.				
EDUCATION - list any o academic credentials.	ther last name under	which	you r	eceiv	ved yo	our (	GED, High School Diplomo	or ot	her		