



Ronald McDonald House of Buffalo VOLUNTEER APPLICATION

Please Print

Name: _____
Last First

Home Address: _____
Street Apt. #

City State Zip

Home Phone: _____ Work Phone: _____

Place of Employment: _____
Or School Attending

Birthday _____

Please list any volunteer experience you have had: _____

References:	Name	Phone	Relationship to You
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

What days and times are you available to volunteer:

I would be willing to drive the minivan to and from the hospital and on errands **YES** ____ **NO** ____
Van Drivers must be have a current Driver's License and clean driving record.

Do you have any special talents or area of expertise that you would like to share with the Ronald McDonald House? _____

I certify that the information contained in this application is correct to the best of my knowledge. I consent to the Ronald McDonald House contacting, either verbally or by written request, employers or persons given as reference, for further information.

Signature _____ Date _____

FOR OFFICE USE ONLY

INTERVIEW DATE: _____

ASSIGNED DAY & SHIFT: _____ START DATE: _____

NOTES: _____

Please return to:
Ronald McDonald House of Buffalo
Volunteer Coordinator
780 West Ferry Street
Buffalo, New York 14222
(716) 883-1177 Fax: (716) 881-9312