

Ronald McDonald House of Fort Worth (RMHFW) thanks you for your interest in volunteering!

VOLUNTEER PARTICIPATION REQUIREMENTS:

- **Must be vaccinated against seasonal flu virus** and able to provide evidence when the vaccine is received. Flu vaccines are typically available beginning in August of each year. Volunteering prior to receiving the flu vaccine is acceptable with the understanding that a flu vaccine will be administered at the appropriate time.
- All volunteers must be completely illness/symptom-free (cold, flu, fever, COVID-19, stomach virus, etc.) for at least 14 days prior to volunteering.
- Participants will complete a temperature reading upon arrival at the House.
- Volunteers must wear facemasks.
- Volunteers should consider personal health risks and limitations prior to volunteering. The CDC defines higher-risk individuals as older adults (65+) and people with serious, chronic medical conditions (heart disease, diabetes, lung disease, etc.)

VOLUNTEER EXPECTATIONS:

We strive to create a safe, welcoming and respectful environment for our families, staff and volunteers alike. As such, we expect volunteers to adhere to the following:

- Bring compassion and respect to your volunteerism. Ensuring that we live our mission of offering a supportive, home-like community that eases burdens for seriously ill children and their families is of utmost priority.
- Volunteers are to follow the leadership and direction of RMHFW staff at all times.
- We welcome volunteers, staff and families of all backgrounds, races and religions. You may reference our diversity, equity and inclusion policies by visiting: <https://rmhfw.org/diversity/>.
- Please exclude any personal religious influences while on-site to ensure a welcoming space for all.
- Volunteers are prohibited from exchanging personal information with or soliciting services to our families.

Volunteer

Date



VOLUNTEER APPLICATION

Last name: _____ First name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____ Date of Birth: _____
 Spouse's name: _____ Children's names: _____
 Employer's name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PROOF OF SEASONAL FLU VACCINATIONS WILL BE REQUIRED

CONTACT INFORMATION

Home phone: _____ e-mail: _____
 Cell phone: _____ other: _____
 Work phone: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____
 Phone: _____ Second Phone: _____

Educational background: _____
 College or University attended: _____ graduated? Y / N
 Do you speak another language other than English? If so, what? _____
 Special skills, training, hobbies, special interests: _____

Describe any volunteer involvement with other organizations: _____

Please check days and times you would like to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12pm-3pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 3pm-6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night 6pm-8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand and agree that in the performance of my duties as a volunteer of the Ronald McDonald House of Fort Worth, I must hold in strictest confidence any observations I may make or hear regarding patients, families or staff.

signature of applicant

date

For office use only: Date Received _____ Background Check _____
 Vaccine Dates: Covid-19 _____ Seasonal Flu _____ Tour/interview _____ Start Date _____



VOLUNTEER CODE OF CONDUCT AND ETHICS

Mission Statement: “The Ronald McDonald House of Fort Worth offers a supportive, home-like community that eases burdens for seriously ill children and their families.”

To serve our families to our fullest potential, ensure safety and fairness to our residents, staff, and volunteers, and be confident at all times that we are effectively carrying out our mission statement, all volunteers must adhere to the following general policies and guidelines while in the service of RMHFW:

1. As a volunteer, you play an important part at the RMHFW. It is your House as much as the families who stay here and the staff. Volunteers are expected to become responsible and active contributors. Volunteers are asked to support families and staff during their shifts. That includes answering phones, taking messages, making beds, and doing assigned projects around the House. Please refer to duties by shift in the volunteer reference book at the reception desk. If you are uncomfortable with a request, please discuss it with Tonja Sparks, Volunteer Coordinator.
2. The success of RMHFW is dependent upon our relationship with patient families, as well as our financial and social communities. As a volunteer, one may become aware of information that could be viewed as highly personal or confidential. All information related to families, donors, board members, employees, or volunteers through a volunteer position with RMHFW is confidential and should not be disclosed to third parties unless specific staff approval is given.
3. Any and all inquiries from the press or news media are referred to the Chief Impact Officer.
4. Volunteers may not report to work or represent RMHFW in an official capacity under the influence of drugs or alcohol.
5. RMHFW prohibits the manufacture, use, possession, sale, transfer, distribution, dispensation or purchase of drugs or alcohol.
6. RMHFW maintains a smoke- and tobacco-free environment.
7. Falsification of any RMHFW records, including, but not limited to, volunteer applications or other personal information is prohibited.
8. All RMHFW volunteers are expected to dress in a professional manner appropriate to a family environment.
9. Do not offer any medical advice or opinions on medical care received. This may seem obvious, but often a parent or child will confide personal information and seek your opinion. In this instance, please avoid expressing your personal opinion.
10. Inform a member of the House Relations Team if you believe a child/family is seeking special favors or needing assistance with anything outside of your volunteer service at RMHFW.
11. Under no circumstances are volunteers permitted to provide transportation to families in their own vehicles, unless the volunteer has received specific permission from the Chief Operating Officer. In addition to specific permission, proper releases will be signed by the volunteer and family members and kept on file at RMHFW.



Keeping families close®

12. Do not bring gifts or treats unless they are brought for ALL the families. Allow staff to set them out for open and equal distribution.
13. RMHFW is a non-profit entity and relies on donations from numerous individuals and corporations within the community for support. All property, including cash, of RMHFW, belongs solely to RMHFW and is not to be commingled, used, borrowed, or shared with volunteers unless directly related to their assigned tasks of RMHFW and at no time are properties belonging to RMHFW available for personal use unless specified by a staff member.
14. If personal relationships develop between an RMHFW volunteer and a family being served by RMHFW beyond the realm of the volunteer job description, RMHFW reserves the right to dismiss/relieve the volunteer of his, her, their position with RMHFW.
15. Volunteers are expected to abide by the social media policies of RMHFW on pages 5 through 6.
16. Volunteers are responsible for reporting all changes in address, telephone number, emergency notification data, and any other pertinent data.
17. Volunteer personnel files are not available for review by unauthorized persons or outside parties.
18. Volunteers will strive to maintain an attitude of respect, loyalty, patience, integrity, and courtesy.
19. Volunteers must be free of physical and psychological conditions that might adversely affect residents' well-being and health.
20. Volunteers will be subject to a background check, including criminal history and driving record.
21. Volunteers have a responsibility to report on time for their designated shifts. RMHFW recognizes that at times volunteers will be late or absent for valid reasons. However, absences and tardiness result in hardship in scheduling work and putting an undue workload on other volunteers and employees. Excessive absenteeism and/or tardiness may result in RMHFW exercising its right to dismiss/relieve a volunteer of his, her, their position with RMHFW.

I understand that any violation of this agreement may be grounds for removal as a volunteer. Being fully aware of the matters contained in the Volunteer Code of Conduct and Ethics, I still desire consideration as a volunteer for the Ronald McDonald House of Fort Worth.

Volunteer Signature

Date

Volunteer's Printed Name



SOCIAL MEDIA POLICIES

At the Ronald McDonald House of Fort Worth (RMHFW), we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world; however, the use of social media also presents certain risks and carries with it certain responsibilities. To assist in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

RMHFW-OWNED SOCIAL MEDIA ACCOUNTS

RMHFW has the following social media accounts:

Facebook: www.facebook.com/rmhfw

Facebook Closed Group: www.facebook.com/groups/rmhfw/

Instagram: www.instagram.com/rmhfortworth

LinkedIn: <https://www.linkedin.com/company/rmhfw/>

YouTube: www.youtube.com/user/rmhfortworth

RED SHOE SOCIETY has the following social media accounts:

Facebook: www.facebook.com/rssrmhfw/

Instagram: www.instagram.com/redshoesocietyfw

LinkedIn: <https://www.linkedin.com/showcase/red-shoe-society-of-rmh-fort-worth/>

The RMHFW Marketing/Communications Department has sole responsibility for the creation, management and monitoring of these sites. The creation of other social media accounts for any aspect of RMHFW is prohibited.

The following guidelines should be adhered to as a volunteer of RMHFW:

1. Volunteers are not authorized to speak on behalf of RMHFW on personal social media channels.
2. Volunteers may state that they volunteer at RMHFW.
3. Volunteers may not disclose any information about client families, donors or other volunteers.

Boundaries with client families:

1. Volunteers may become close to some families more than others; however, it is imperative we maintain professional boundaries. A professional relationship ensures that the patient's and family's culture and unique needs will be acknowledged and respected. Respect for confidentiality and privacy are inherent and required in a professional relationship.
2. Volunteers will not participate in the use of social media with patients or their families. If asked to "friend" a patient or family, the volunteer must graciously decline indicating that it is against RMHFW policy.
3. If a client family has a public fan page relative their child's illness, volunteers may like that page; however, they are not permitted to make comments on behalf of RMHFW.



ACKNOWLEDGE VOLATILITY IN THE SOCIAL ENVIRONMENT (added Feb. 2021)

While social media has the power to connect us, it also wields the power to divide us. Therefore, how we utilize social media, both personally and as a brand, is more important than ever. The standards for functioning in a digital world are the same as the values, ethics and confidentiality policies that RMHFW staff and those representing our brand are expected to live each and every day.

When engaging on personal social media channels, please remember to live our brand values, honor our differences, and act responsibly, ethically and with integrity. What you say online is permanent and could potentially be seen by anyone, whether on a public or private page.

RMHFW condemns racism and bigotry in any form. We do not tolerate discriminatory words or actions, ever, and they do not represent our values or the mission of RMHFW. RMHC will not tolerate online discrimination (including age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, national origin, citizenship, disability, or marital status or any other legally recognized protected basis under federal, state, or local laws, regulations or ordinances).

Questions or concerns regarding these social media policies may be directed to the CEO or Chief Communications Officer.



VOLUNTEER HEALTH PROFILE

Volunteer Name: _____

Have you received the seasonal flu vaccine? ____ Date: ____

Have You Had Chicken Pox? _____

Have you had a tetanus shot within the past ten years? _____

Additional information in case of an emergency (allergies, diabetes, etc.)

Name of Physician: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Volunteer Signature: _____ Date: _____ DOB _____



Ronald McDonald House®
Fort Worth

Keeping families close®

VOLUNTEER RECOMMENDATION FORM

_____ (name of prospective volunteer) has expressed a desire to join the Ronald McDonald House of Fort Worth volunteer program. Each applicant must submit two letters of recommendation from a professional or volunteer-related reference or any other unrelated person who knows them well.

Please Return To: Ronald McDonald House of Fort Worth
1001 8th Avenue
Fort Worth, TX 76104

Should you have any questions, please call Tonja Sparks at 817-820-8934
Thank you for your assistance.

Your name: _____ Organization/Business: _____
Daytime phone: _____ Relationship to applicant: _____

Recommendation: _____

⇒ (cut here)-----



Ronald McDonald House®
Fort Worth

Keeping families close®

VOLUNTEER RECOMMENDATION FORM

_____ (name of prospective volunteer) has expressed a desire to join the Ronald McDonald House of Fort Worth volunteer program. Each applicant must submit two letters of recommendation from a professional or volunteer-related reference or any other unrelated person who knows them well.

Please Return To: Ronald McDonald House of Fort Worth
1001 8th Avenue
Fort Worth, TX 76104

Should you have any questions, please call Tonja Sparks at 817-820-8934
Thank you for your assistance.

Your name: _____ Organization/Business: _____
Daytime phone: _____ Relationship to applicant: _____

Recommendation: _____

VOLUNTEER INQUIRY RELEASE

In conjunction with my application to volunteer (including contract services) with you, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to allow me to volunteer with your company. If you contemplate making an adverse volunteer-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am chosen to volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my time with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my Report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

..... IF FAXING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING

Customer Number _____ Location or Store Number _____ Date Submitted _____

Contact Person _____ Phone Number _____ Position Applied For _____

Information Requested:

Combined Report: _____

Individual Reports: _____

Criminal Convictions County(s) and state(s) _____

Other: _____