

## YELLOW SHOE CREW

The student volunteer program at the Ronald McDonald House of Fort Worth (RMHFW) is known as the YELLOW SHOE CREW (YSC). This group supports the mission of the House by performing various tasks that help maintain the comfort of our guests and boost the morale of both families and children.

### Who We Are:

The YSC consists of students from Fort Worth and the surrounding communities.

### What We Do:

YSC members participate in a number of activities, including, but not limited to:

- Organizing, supporting & attending RMHFW activities & events
- Assist with maintaining the daily upkeep of RMHFW

### Yellow Shoe Crew Requirements:

- Member must be an enrolled student in **good standing** in high school or actively studying a home school curriculum
- Commit to volunteer two (2) shifts per month. Shifts are available in 3-hour increments every weekend.

### Vaccination Requirements:

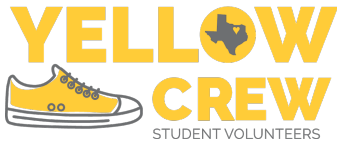
- Must be fully vaccinated against seasonal flu virus and able to provide evidence of when the vaccine was received. Flu vaccines are typically available beginning in August of each year. Volunteering prior to receiving the flu vaccine is acceptable with the understanding that a flu vaccine will be administered at the appropriate time. Evidence of inoculation must be provided

**Application Process:** Applications are accepted year-round; however, admittance into the program is held once each semester.

**Spring semester deadline: December 31 | Fall semester deadline: July 31**

1. Submit completed application with two references to Volunteer Office in one of the following ways:
  - a. Email: [tonja.sparks@RMHFW.org](mailto:tonja.sparks@RMHFW.org)
  - b. Fax: 817.870.0254
  - c. Mail: Volunteer Services Manager 1001 8<sup>th</sup> Ave., Fort Worth, TX 76104
2. Volunteer Services Manager will contact the student to schedule a date for an interview once the completed application & all references are received.
3. Interviews will take place and references contacted.
  - a. A current YSC member and Volunteer Services Manager conduct 15-minute interviews with applicant.
4. Following the interview, applicants will be notified by phone or email within one week.
5. Once accepted into the program, a 3-hour training is required prior to first day of volunteering.

For further information about volunteering with the Yellow Shoe Crew, please email [Tonja.Sparks@RMHFW.org](mailto:Tonja.Sparks@RMHFW.org) or call 817.870.4942.



## YELLOW SHOE CREW APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Attach proof of "Good Standing" on school letterhead from the school applicant is attending. Good Standing consists of good attendance records and a passing grade in all subjects.**

Why do you want to volunteer at the Ronald McDonald House of Fort Worth?

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### *For Applicants Ages 14-17*

Parent/Guardian's Name:

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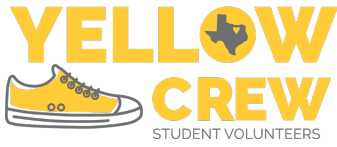
Parent/Guardian's Contact Number:

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As the parent/guardian of the applicant, I give permission for my child to participate as a member of the YSC for the Ronald McDonald House of Fort Worth.

Signature of Applicant's Parent/Guardian

Date



***For ALL Applicants***

**EMERGENCY CONTACT INFORMATION**

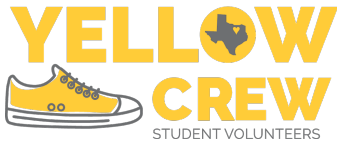
Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Number to Call in Case of Emergency: \_\_\_\_\_

**In an effort to service our families to our full potential, ensure safety and fairness to our residents, staff and volunteers, all volunteers must adhere to the general policies and guidelines of the Yellow Shoe Crew Code of Conduct and Ethics.**

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES AND EVENTS ASSOCIATED WITH THE YELLOW SHOE CREW (STUDENT VOLUNTEER PROGRAM) OF THE RONALD McDONALD HOUSE OF FORT WORTH, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity.

I acknowledge that the event holders, sponsors, and organizers of the activity in which I may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Ronald McDonald House of Fort Worth (RMHFW) and/or Yellow Shoe Crew (YSC), and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that RMHFW and/or YSC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

Date

Signature

Age

*Please print legibly*

*(If under 18 years old, Parent or Guardian must also sign.)*

Parent/Guardian Signature

Date

