

Criminal Record Disclosure & Verification

I understand that RMHC-HI holds a position of trust with the children and families who are guests at its facilities, as well as the community at large. To protect this trust, RMHC-HI may ask me to provide personal references, and reserves the right to do a criminal record check on me. By signing this application, I agree to disclose to RMHC-HI any potential conflict of interest and anything in my background that may affect the trust between RMHC-HI, the families, children and community. While RMHC-HI is grateful for all interest in its volunteer program, I understand and agree that RMHC-HI reserves the right to decline a person's offer to volunteer.

Volunteer Guidelines

I agree to abide by all the guidelines and policies set forth in the RMHC-HI Volunteer Program.

X _____
Print volunteer name

X _____
Volunteer signature

_____ Date

X _____
Signature of parent or guardian
(If volunteer is under 18 yrs old)

_____ Date

Volunteer forms for minors without a parent/guardian signature will not be accepted.

Photo Release Section

Yes ___ (Initial), I hereby authorize Ronald McDonald House Charities of Hawaii (RMHC-HI) to use my photograph, and/or story in all materials related to media coverage and RMHC-HI publications.

No ___ (Initial), I hereby choose not to have Ronald McDonald House Charities of Hawaii (RMHC-HI) to use my name, photograph, and/or story in any materials related to media coverage and RMHC-HI publications.

Print volunteer name

Volunteer signature

_____ Date

Print parent or guardian's name (if volunteer is a minor)

Parent or guardian's signature (if volunteer is a minor)

_____ Date

EMERGENCY CONTACT: (REQUIRED)

Print name:

Name:

Phone #:

Relationship: