

VOLUNTEER APPLICATION PACKET



RONALD MCDONALD
HOUSE OF SCRANTON

Celebrating 25 Years

®



RONALD MCDONALD
HOUSE OF SCRANTON

332 Wheeler Avenue
Scranton, PA 18510

The Ronald McDonald House of Scranton Volunteer Check List

___ Completed Application Form

___ Physician Form

___ Completed Confidentiality / Commitment / Hold Harmless Agreement

___ Completed Consent / Release of Info from Child Abuse History

___ Completed Consent for Background Check

___ Background Check verified by Manager

___ Disclosure Statement

-Act 34 Child Abuse History Clearance

___ Sent (Must Have Background Check and Consent/Release sent with)

___ Received Back



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Scranton, PA 18510

Volunteer Application Form

Ronald McDonald House of Scranton

Today's Date: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City _____ State _____ Zip Code _____

Phone: (____) _____

Date of Birth: ____/____/____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

_____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Any previous volunteer experience?

How did you hear about The Ronald McDonald House?

Have you ever been convicted of or plead guilty to a felony charge? Yes No

If yes, please give exact details of conviction, offense, where committed, sentencing, and nature of sentencing:

Volunteer Application Form

Education (Required For All Applicants)

Do you have a high school diploma or GED? Yes No If yes, where? _____
 Do you have a college degree? Yes No If yes, where? _____

Availability

Circle Day(s) You Are Available: Mon Tues Wed Thurs Fri Sat Sun Time: _____

References

List two references we may contact (other than family members)

(1.) Name: _____ Relationship: _____

Phone Number: _____

(2.) Name: _____ Relationship: _____

Phone Number: _____

Volunteer Pledge

- I will be on time and responsible in the fulfillment of my duties. I will accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will take all problems, criticisms, or suggestions to one of the managers of Ronald McDonald House.
- I will endeavor to uphold the traditions and high standards of The Ronald McDonald House and will disseminate them to the community at large.
- I will try to do professional, quality work.
- I will consider any information which I may directly or indirectly hear concerning a guest or family as confidential information. I will not seek information in regard to a guest or family.

Signature: _____ Date: _____



Commitment & Confidentiality, Hold Harmless, and Photo Release Agreements

Ronald McDonald House of Scranton

332 Wheeler Avenue, Scranton, PA 18510

Commitment & Confidentiality Agreement

___ I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning families or guests, and not seek to obtain confidential information from them.

___ I understand that The Ronald McDonald House assumes no responsibility for any contact, visits, or services provided by me outside of the responsibilities assigned through the Volunteer Program of The Ronald McDonald House.

___ I understand that if I am uncertain of anything while volunteering, I can ask the Resident Manager, Volunteer Coordinator, or Executive Director.

Hold Harmless Agreement

___ I understand that The Ronald McDonald House is involved with hospitals that accept patients with infectious and noninfectious diseases.

___ I agree to indemnify and hold harmless The Ronald McDonald House for any unrecognized exposure to infectious diseases.

___ The Ronald McDonald House strives to maintain a safe environment for volunteers, staff, visitors, and guests. In the event of exposure, a Ronald McDonald House staff person will contact all people who need to be informed that they were in contact with an infectious person and provide further steps for treatment or testing.

___ I agree to adhere to all policies and regulations. I understand that any deviation from procedure may result in termination from privileges and/or volunteering at The Ronald McDonald House.

Photo Release

___ I understand that there is a possibility that volunteers may be photographed during their experience to help promote our program. I grant permission to photograph me for this purpose.

Volunteer Signature: _____ Date: _____



RONALD McDONALD
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CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, _____ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to The Ronald McDonald House of Scranton.

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S. Chapter 63) and will not otherwise be released by The Ronald McDonald House without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from The Ronald McDonald House of Scranton upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Applicant's Signature: _____ Date: _____

Please Return Clearance To:

**The Ronald McDonald House of Scranton
332 Wheeler Avenue
Scranton, PA 18510**



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CONSENT FOR BACKGROUND CHECK

I, _____, hereby authorize the Ronald
McDonald House of Scranton to conduct a background check.

My Social Security number is: _____

My Date of Birth is: ____/____/____

Signature: _____ Date: ____/____/____



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DISCLOSURE STATEMENT

Required by the Child Protective Service Law 23 Pa. C.S. Section 6344
(Relating to information relating to prospective child-care personnel)

I swear/affirm that I have completed the requests for clearance to Pennsylvania State Police, ChildLine, returned it to management and have submitted fingerprints to the Federal Bureau of Investigation (where applicable).

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or as an individual responsible for a founded report for a school employee as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or equivalent crime in another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c)(d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of any offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act).

I understand that I must be dismissed if I am named as a perpetrator of a founded report of child abuse or have been convicted of any of the crimes including but not limited to those listed above.

I understand that my employment may be terminated if I have been named as the perpetrator of an indicated or founded report of child abuse or as an individual responsible for the injury or abuse in a founded or indicated report for a school employee.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code.

I understand my employment is provisional pending the results of the criminal background checks. Child abuse clearance and FBI fingerprinting, when applicable.

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER, ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME
STREET
CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F	COUNTY YOU LIVE IN	

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- CHILD CARE
- FOSTER CARE
- ADOPTION
- SCHOOL
- VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).
- CWEP (Community Work Experience Program Participant)

SIGNATURE OF CAO REP

CAO PHONE NO

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

- APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.
- APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE