



Group Volunteer Application

Thank you for your interest in volunteering with Ronald McDonald House Charities of Central Illinois (RMHCCI). All sections of this application must be completed for our group volunteer opportunities. After application submittal and processing, you will receive a phone call or email from our Community Engagement Coordinator, Annie Spears. **Thank You for Your Support!**

Application Date: _____

General Guidelines:

- Please, no more than 15-20 people per visit.
- Volunteers *15 years or under* must be accompanied by a responsible adult at all times.
- Volunteer groups are welcome between 8 a.m. - 8 p.m. Monday through Sunday.
- Required ratio of adults to children for groups: Under age 8, 1:4; ages 9-12, 1:8; ages 12-15, 1:15
- Separate *Volunteer Release Form* must be signed by each member of the group or by a volunteer's parent/guardian

Contact Information:

Group Name:					
Group Leader First Name:		Last Name:			
Address:					
City:		State:		Zip Code:	
Phone:		Email:			

Proposed Dates:

Please indicate three date/time choices in order of preference. We will do our best to accommodate your choice preferences.

Date:	Start Time:	End Time:

Group List: Please list as many of your members as possible.

Name:

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Agreement and Signature:

I hereby agree that my answers to the group volunteer application are true and correct as of the date set forth below and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my group's removal as volunteers. I have provided each member of my group, or the group's supervisors in the event the members are under age 12, with a copy of RMHCCI's rules for volunteers. In the event my group becomes volunteers for Ronald McDonald House Charities of Central Illinois, I, on my behalf and on behalf of each member, agree to abide by such rules.

Signature:

Date:

Please return completed application to:
Ronald McDonald House Charities of Central Illinois
Attn: Katie Alsup, Springfield Program Director
10 N 7th Street, Springfield IL 62702
Phone: (217) 528-3314
Email: ka@rmhc-centralillinois.org

VOLUNTEER RELEASE

Liability

Volunteer (or Parent/Guardian) does hereby release, acquit, and discharge RMHCCI, its directors, officers, employees, and/or agents from any and all liabilities, accrued or unaccrued, known or unknown, asserted or unasserted, on account of any and all causes of action for all losses, damages, or liabilities (including punitive damages), attorney fees and costs, whether at law or in equity, contract or tort, whether judicial or administrative in nature, resulting from, arising out of, or connected with Volunteer's activities on or in any real or personal property controlled or owed by RMHCCI.

Medical Treatment

Volunteer (or Parent/Guardian) hereby releases and forever discharges RMHCCI, its directors, officers, employees, and/or agents from any and all liabilities, accrued or unaccrued, known or unknown, asserted or unasserted, on account of any and all causes of action for all losses, damages, or liabilities (including punitive damages), attorney fees and costs, whether at law or in equity, contract or tort, whether judicial or administrative in nature, resulting from, arising out of, or connected with any first aid treatment or service rendered during the time of Volunteer's activities with RMHCCI.

Volunteer/Volunteer's Parent or Guardian

Date

Photographs/Video/Digital Images

Volunteer (or Parent/Guardian) hereby grants and conveys to RMHCCI all rights, title, and interest in any and all photographic images, video, or audio recording made by RMHCCI during Volunteer's activities with RMHCCI, including, but not limited to, any use of or royalties, proceeds, or other benefits derived from such photographs or recordings.

Volunteer/Volunteer's Parent or Guardian

Date