



Ronald McDonald Family Room
At Norton Suburban Hospital

VOLUNTEER SERVICE APPLICATION

CONFIDENTIAL INFORMATION

(PLEASE PRINT CLEARLY)

Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Current Employer: _____

Work Phone: _____ Occupation: _____

May We Call You At Work? Yes ___ No ___ Work/Days/Hours: _____

PREVIOUS WORK AND VOLUNTEER EXPERIENCE:

Volunteer:

Dates:	Location:	Position

Work/Other:

Dates:	Location:	Position:	Reason for Leaving:

Confidential Information

How did you hear about the Ronald McDonald Family Room Volunteer Program? _____

Can you make a commitment to the RMFR for at least one year? Yes _____ No _____

If no, please explain _____

Our Volunteers shifts are daily: 9A-12P 12P-4P 4P-7P
Please circle the frequency of your preferred shift: weekly every two weeks monthly or FLEX
(the FLEX Volunteer calls the Family Room monthly when they know their personal/work schedule and fills in on a needed shift).

My first choice (day and time): _____

My second choice (day and time): _____

PLEDGE OF CONFIDENTIALITY

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident, staff member, or Volunteer of the Ronald McDonald Family Room, which I may, through my affiliation with the Family Room, so acquire. I have read and do understand the foregoing pledge of confidentiality.

Signature of Applicant

Date

Please Return to:

Sabrina Casanova
NICU Family Center
4001 Dutchmans Lane
Plaza 1, Suite 2B
Louisville, KY 40207