

Shift Preferences and Availability

Sunday	<input type="checkbox"/> 12pm - 3pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Monday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Tuesday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Wednesday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Thursday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Friday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____
Saturday	<input type="checkbox"/> 10am - 1pm	<input type="checkbox"/> 3pm - 6pm	Other times: _____

As a Family Room volunteer, I can commit to at least 3 hours: ☐ Per week ☐ Every other week ☐ Per month

Disclaimer and Signature

Ronald McDonald House Charities of Connecticut and Western Massachusetts Program Volunteer Agreement

As a part of this organization, I understand the following:

- I understand I must submit a volunteer application to Baystate Hospital and Ronald McDonald House Charities before I can volunteer and be added to the RM Family Room schedule.
- I understand I am making a six month volunteer commitment.
- I understand that the needs of the families take priority over any tasks.
- I will be provided with both Baystate and Ronald McDonald Family Room training and a copy of the Family Room manual, and I agree to participate in training and read the manual in order to support all family room visitors with questions and needs.
- I understand I may hear information about the guest family visitors, and I understand this information is private and confidential and I will not share this information outside of Ronald McDonald Family Room.
- I understand that I may be asked to do any of the tasks listed on the volunteer tasks list and agree to do them when asked.
- I will support the needs of the families, and I will ensure that I offer and complete tasks during my assigned shift at the location scheduled.
- I will keep all work spaces clean, sanitized and tidy, and will be respectful to all items, equipment and areas of the Ronald McDonald Family Room.
- I acknowledge Baystate Hospital and Ronald McDonald Family Room are non-smoking spaces and will abide by this rule.
- I will uphold all of the policies of the Ronald McDonald Family Room and Baystate Hospital whether or not I agree with them.
- I will notify the appropriate person if I am unable to work my scheduled shift.

If I fail to abide by these rules, I may be asked to leave and no longer volunteer.

RMHC CTMA staff reserves the right to make exceptions or changes to these rules at any time, for any reason.

I have read the information that I have provided and it is true. I voluntarily offer my services with a clear understanding that there will be no monetary compensation; I will be prompt and consistent in my volunteer service; All applicants are required to have a background check. I agree to conform to all hospital and RM Family Room policies and regulations as stated in Family Room operational manual and hospital training paperwork.

Signature: _____

Date _____