



**RONALD McDONALD
FAMILY ROOM**

**IN USA CHILDREN'S AND
WOMEN'S HOSPITAL**

Dear Prospective Volunteer:

Thank you for your interest in volunteering at the Ronald McDonald Family Rooms located in USA Children's and Women's Hospital. With your help, we will provide a special place of peaceful respite within the hospital for family members and care givers of pediatric patients. Our volunteers will provide valuable services to these special family members while enjoying a unique opportunity to help families of pediatric patients. Family Room Volunteers serve throughout the year, seven days a week 9:00 a.m. – 9:00 p.m. in three to four hour shifts. We enthusiastically welcome individuals of all backgrounds and abilities.

Through the Ronald McDonald Family Room Program at USA Children's & Women's Hospital, we are entrusted with safe-guarding the patients' health and well-being, therefore, the process of becoming a volunteer is very thorough and may take up to six weeks to complete.

Steps to becoming a volunteer:

1. Complete an application and attach copies of your immunizations (show proof of immunizations against measles, mumps, rubella) and of a negative tuberculosis skin test or chest x-ray (must have been done within the past year) You will be asked to declare the fact that you have had the chicken pox or the chicken pox immunization. The application and instructions for testing are attached
2. Return your completed application and required documents to :
Ronald McDonald House Charities of Mobile, 1626 Springhill Avenue, Mobile, Alabama 36604 – Attention: Liz Calci
3. After your application has been received, we will contact you and set-up a time for the one-hour orientation. We will review time commitment, uniform – which is a shirt provided to you and health screening requirements.

If you have any questions, please feel free to give me a ring (251) 694-6873 X - 25.

I look forward to hearing from you soon.

Sincerely,

Liz Calci

Assistant Director

Instructions for Immunizations and TB Testing

- Immunizations: You must show proof of immunizations against measles, mumps and rubella.
 - Contact the county Health Department in which you received the immunizations and they should be able to provide proper documentation or
 - Contact the physician who administered the shots and they should be able to provide you with documentation.
 - If you are over the age of 25 it may be difficult to locate this information, in that case, you can simply get the MMR booster shot.

- Negative tuberculosis skin test or chest x-ray (must have been done within the past year).
 - Go to your primary care physician and have the TB test return in 48 hours to have the test read – they will provide you with proper documentation.
 - Go to one of four Greater Mobile Urgent Care locations, complete the TB Test, return 48 hours later to have it read and they will provide you with proper documentation. **(Indicate that you are with RMH and they will charge you a discounted rate of \$20 to perform the test)**
 - 4402 Old Shell Road – 633-0123 (dial 3)
 - 2350 Schillinger Road, Suite A – 633-0123 (dial – 1)
 - 7943 Moffett Road, Semmes – 633-0123 (dial – 2)
 - 19355 N 3rd St., Suite #104, Citronelle – 633-0123 (dial 4)



Ronald McDonald Family Room and USA Children's & Women's Hospital Adult/College Volunteer Application

Office Use Only	
App. Received:	_____
Interview Date:	_____
Orientation Date:	_____
Start Date:	_____

Please mark appropriate type of volunteer: _____ Adult _____ College

Name:	DOB:	Cell Phone:	Home Phone:
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Address:	City:	State:	Zip:
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Email: _____

Emergency Contact:	Relation:	Home/Cell Phone:
		Work Phone:

Are you presently a student? Yes No	Where?	Major?	Highest Level of Education Completed:
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Employer:	Occupation:	Business Phone:
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List and describe any previous volunteer experience you may have:

Do you have any family members employed at USA? Yes No

If yes, relative's name/department: _____

Why do you want to volunteer at USA Children's & Women's Hospital and what do you hope to gain?

How did you hear about our Volunteer Program?

References(Someone from the community or work/do not use a relative)

Name:	Relation:	Phone:
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Name:	Relation:	Phone:
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To the best of my knowledge, this information is correct. I understand that falsification of this information is grounds for dismissal.

Volunteer Signature: _____ Date: _____

Please return application to:

Ronald McDonald House Charities of Mobile
1626 Springhill Avenue, Mobile, Alabama 36604
P: 251-694-6873 F: 251-438-2222

