



Please circle t-shirt size: Youth Large Adult S Adult M Adult L Adult XL 2X 3X 4X

NOTE: TEENS WITH HEART (TWH) must be between the ages of 15 (by June 1, 2019) and 18.

Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Have you been a TWH before? Y / N If yes, which year/s did you serve? \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian Name: \_\_\_\_\_ BEST Phone: (\_\_\_\_) \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ BEST Phone:(\_\_\_\_) \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Email \_\_\_\_\_

*In case of emergency, notify:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

Do you have any food allergies or health-related issues of which we should be aware? If so, please describe:

**DEMOGRAPHICS**

Please note that the completion of this section is optional but helps Ronald McDonald House get a better idea of the demographics of our volunteer program. Please check appropriate answers.

Gender:  Male  Female

Ethnicity:  African American  Asian  Caucasian

Hispanic/Latino  Native American

Other or Multi-ethnic: \_\_\_\_\_

Tell us about you, using only this space and the back of this page, if needed:

Your hobbies, skills, or special interests:

Your clubs or organizations:

What are your personal strengths or abilities?

Why do you want to become a volunteer at the Ronald McDonald House?

Give an example of when you have shown dedication and commitment to a cause or organization:

What is your future dream job, following graduation from high school or college?

ORIENTATION is required for all new volunteers. Priority will be given to applicants who have not been in the program previously. It is best that students attend the Orientation closest to their week of service (below) but arrangements can be made to accommodate scheduling conflicts.

Returning volunteers may opt out of Orientation IF they complete 4 hours of volunteer service before June 15 by special arrangement with the Director of Volunteer Services. Call to arrange.

Students must commit to one week of service, Monday-Friday, 10 a.m. – 2:15 p.m. to participate in this program.

*Students will receive 4 hours of credit by attending a Saturday orientation, 10 a.m. – 2 p.m. They will receive an additional 21 hours of credit during an assigned week of service, Monday-Friday, 10 a.m. – 2:15 p.m. The combined hours earned through TEENS WITH HEART in 2018 will be 25. Missed hours cannot be made up!*

Please circle the week(s) below that you will be available to volunteer. We will select ONE of your choices based upon RMHWS needs and space availability.

Preferred Orientation for June sessions is Saturday, June 1, 10 a.m. – 2 p.m.

June 17-21

June 24-28

Preferred Orientation for July sessions is Saturday, June 15, 10 a.m. – 2 p.m.

July 15-19

July 22-26

Preferred Orientation for August sessions is Saturday, July 20, 10 a.m. – 2 p.m.

July 29-August 2

August 5-9



## I. Commitment

1. TEENS WITH HEART commit to 25 hours of service. These hours are earned through a 4-hour orientation on a Saturday, prior to one assigned week of service in which you will earn an additional 21 hours.
2. Orientation is mandatory if you are new to Teens with Heart. If you cannot attend orientation, you will not be able to participate in the 2019 TEENS WITH HEART program. If you were in the Teens with Heart program in the past, you can opt out of orientation by completing 4 hours of volunteer work in either April or May of 2019 by special arrangement with the Director of Volunteer Services.
3. If you are unable, because of illness or any other conflict, to complete hours during your assigned week of service, there will not be an opportunity to “make up” the hours.

## II. Etiquette

1. Every guest at the Ronald McDonald House is to be treated with respect and kindness at all times.
2. Cell phones may be brought but should be OFF during Orientation and during service hours, 10 a.m. – 2:15 p.m.

## III. Dress Code

The TEENS WITH HEART uniform consists of:

- ♥ SPORT-A-SHIRT t-shirt (available for purchase at or before Orientation, \$10 cash, check or charge payable to “Ronald McDonald House”).
- ♥ Pants or jeans worn at waist height (no below-the-waist pants) with no holes or tears/rips. Shorts that are not any shorter than knee length may be worn. Sweatpants, leggings and pajama pants are not acceptable.
- ♥ Shoes should be rubber soled (*i.e.*: athletic/tennis shoes). No open-toed shoes, flip flops or sandals.
- ♥ No perfume or cologne.
- ♥ No large earrings or bracelets.
- ♥ No hats.

## IV. Volunteer Duties

TEENS WITH HEART are involved with Ronald McDonald House operations, to include:

- ♥ Organizing and stocking supplies
- ♥ Light housekeeping
- ♥ Clerical duties
- ♥ Cooking and baking
- ♥ Yard work
- ♥ Other duties as assigned

## V. Transportation

TEENS WITH HEART are required to arrange their own transportation.



Ronald McDonald House  
Winston-Salem

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# Teens with Heart 2019 Volunteer Contract

Deadline to submit: April 15, 2019

I, \_\_\_\_\_, have read and understand the TEENS WITH HEART contract and agree to follow all rules therein, along with any instructions given by the Director of Volunteer Services or other staff members and/or designated interns providing leadership. I also understand that I need parent/guardian permission regardless of my age.

TEEN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the RMHWS TEENS WITH HEART program. I have reviewed the contract and agree that my child can commit to the time listed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in walking tours, led by the RMHWS Director of Volunteer Services, or other designated RMHWS staff member and designated intern, to deliver items to the RMHWS Family Waiting Room as well as visit areas of interest within Brenner Children's Hospital and Wake Forest Baptist Medical Center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to the Ronald McDonald House of Winston-Salem (RMHWS) to make photographs, movie film, or tapes of my child, \_\_\_\_\_, for use by the RMHWS in its public relations program with such use restricted to utilization by various news media and/or RMHWS related publications. These may be used without my prior examination of the finished product and may exhibit my child's name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Teens with Heart 2019 Recommendation Form

*Recommendation forms are to be sent in with your application by Monday, April 15, 2019.*

ATTENTION APPLICANT: Please fill out the top portion of this form and take it to a teacher, employer, guidance counselor, or an adult not belonging to your family to be completed. You must have two recommendations. Late applications will not be accepted.

Student's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

ATTENTION RECOMMENDER:

Please complete the information below and then return the form to the student in a sealed envelope with your signature on the back.



We would appreciate your thoughts on the student's character, dependability, maturity, and sense of responsibility. Thank you for your cooperation in helping us to come to know this student better!

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Years acquainted with student: \_\_\_\_\_

Please answer yes or no to the following:

- |     |    |  |
|-----|----|--|
| Yes | No | Can you depend on the student to complete assigned tasks in a timely manner?                           |
| Yes | No | Do you feel that this student possesses the maturity required to work with both peer and adult groups? |
| Yes | No | Do you feel that this student will fulfill a commitment made to us?                                    |

How would you describe this student's sense of responsibility?

What unique qualities do you feel this student will bring to our program?

My overall recommendation of this student to the Ronald McDonald House **TEENS WITH HEART** program:

Highly recommend      Recommend      Do not recommend

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



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Please answer yes or no to the following:

- |     |    |  |
|-----|----|--|
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-----  
Your Signature

-----  
Date



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## Teens with Heart 2019 Application Checklist

Completed application packets are due by Monday, April 15, 2019!

	Complete?
Application (make sure you circle weeks you can work)	<input type="checkbox"/>
Two (2) Recommendation Forms (delivered in a sealed and signed envelope)	<input type="checkbox"/>
Contract signed by you <u>and</u> a parent/guardian	<input type="checkbox"/>
Send in or drop off your application!	<input type="checkbox"/>

### Important Things to Know:

Spaces are limited for this popular program (no more than 12 students per week) so submitting your application early is a good idea!

Incomplete applications will not be considered.

Any Recommendation Form that is received in an opened envelope or without a signature will be considered incomplete.

Mailing Address for **TEENS WITH HEART** applications:

Rob Lemons, Director of Volunteer Services  
The Ronald McDonald House  
419 South Hawthorne Road  
Winston-Salem, NC 27103

If you have any questions, please contact the Director of Volunteer Services, Rob Lemons, at [RobL@rmhws.org](mailto:RobL@rmhws.org); (336) 970-5651.