



VOLUNTEER APPLICATION

**The Tooth Truck, Inc. d/b/a
Ronald McDonald Care Mobile of the Ozarks**
949 E. Primrose St. • Springfield, Missouri • 65807-5257
Phone (417) 875-3504 • FAX (417) 882-7206

www.toothtruck.org

(Please type or print)

Name _____ Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell/Pager _____

Previous Address _____

City _____ State _____ Zip _____

How Long At This Address _____ E-Mail _____

Are you 21 years or older? _____ If "no", age _____ Birthday (month) _____ (day) _____

PERSON TO NOTIFY IN AN EMERGENCY

Name _____ Relationship _____

Phone Number: (home) _____ (business) _____ (pager) _____

EDUCATION

High School/GED _____

| | |
|-----------------|----------------------|
| Name & Location | Level/Year Completed |
|-----------------|----------------------|

College or University _____

| | |
|-----------------|----------------------|
| Name & Location | Level/Year Completed |
|-----------------|----------------------|

Special Training (Business
Vocational Technical, etc.) _____

| | |
|-----------------|----------------------|
| Name & Location | Level/Year Completed |
|-----------------|----------------------|

Primary areas of study (major, concentration, special emphasis) _____

Are you presently attending school? NO ___ YES ___ Name of school _____

Will you be receiving academic credit for your volunteer work? NO ___ YES ___

EMPLOYMENT HISTORY

(Please list positions in the order of most recent first)

Firm _____ Position _____

Address _____ Phone _____

Dates Employed - From _____ To _____ Supervisor _____

Primary duties, responsibilities _____

Reason for leaving _____

Firm _____ Position _____

Address _____ Phone _____

Dates Employed - From _____ To _____ Supervisor _____

Primary duties, responsibilities _____

Reason for leaving _____

Firm _____ Position _____

Address _____ Phone _____

Dates Employed - From _____ To _____ Supervisor _____

Primary duties, responsibilities _____

Reason for leaving _____

Have you ever been convicted of or plead guilty to a crime? (exclude minor traffic offenses) ___YES ___NO

Have you previously volunteered for Ronald McDonald House or The Tooth Truck? ___YES ___NO

Who or what influenced you to apply for this position? _____

Write a short paragraph telling us how you came to choose the Ronald McDonald Care Mobile. Tell us a little about yourself. Include information about your volunteer experience at other organizations.

ADDITIONAL REFERENCES

(other than family, over the age of 18)

1. Name _____ Relationship _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

2. Name _____ Relationship _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

3. Name _____ Relationship _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

VOLUNTEER DUTIES

Ronald McDonald Care Mobile volunteers are often described as the “heart” of The Tooth Truck. Thanks to the generosity and commitment of our volunteers, the Truck runs smoothly and efficiently. Many of our volunteers have been a vital part of Truck operations since the inception of our program in June 2002.

Generally, volunteers work 3-hour shifts, but certainly, flexible time arrangements can be made. During their shifts, volunteers find themselves doing any number of things such as escorting patients and teaching them good oral hygiene, helping with office duties, and providing one-on-one time with the children.

Please indicate your availability below.

| | (830-1130) | (1230-330) |
|-----------------|------------|------------|
| _____ Monday | _____ | _____ |
| _____ Tuesday | _____ | _____ |
| _____ Wednesday | _____ | _____ |
| _____ Thursday | _____ | _____ |
| _____ Friday | _____ | _____ |

Of the shifts marked above please specify your order of choice.

1. _____ 2. _____ 3. _____

VOLUNTEER INTERESTS AND SKILLS

Volunteers are encouraged to bring their special skills into play, as we have various needs such as special events, speaking opportunities, and fundraising activities. To make your volunteer experience a rewarding one, please let us know what your skills and interests are by completing the following section. (Indicate your level of interest or skill by circling the appropriate numbers below.)

| | very low | low | average | strong | very strong |
|--|-------------|-----|---------|--------|----------------|
| Working one-on-one with children | 1 | 2 | 3 | 4 | 5 |
| Speaking to groups in our community | 1 | 2 | 3 | 4 | 5 |
| Office Work | 1 | 2 | 3 | 4 | 5 |
| Contacting People on the telephone | 1 | 2 | 3 | 4 | 5 |
| Written Correspondence | 1 | 2 | 3 | 4 | 5 |
| Running Errands (must be 21 years old) | 1 | 2 | 3 | 4 | 5 |
| Craft Activities | 1 | 2 | 3 | 4 | 5 |
| Cleaning | 1 | 2 | 3 | 4 | 5 |
| Project Leadership | 1 | 2 | 3 | 4 | 5 |
| Organizational Skills | 1 | 2 | 3 | 4 | 5 |
| Fundraising Experience | 1 | 2 | 3 | 4 | 5 |
| Computer Skills | 1 | 2 | 3 | 4 | 5 |

Which type of computer you are most familiar - Macintosh ____ PC ____ Other (explain) _____

Speaking a Foreign Language 1 2 3 4 5

Which language(s) _____

BACKGROUND CHECKS

All volunteers of The Tooth Truck, Inc. who work regularly or directly with children/minors are required to be background checked prior to service and every three years thereafter. The background checks are fingerprint-based and are submitted electronically to the Missouri State Highway Patrol for processing by the Criminal Records and Identification Division (CRID) and the FBI.

You will be required to fill out a Missouri State Highway Patrol Request for Criminal Record Check form and submit to the fingerprinting process. You will choose from available appointment times and locations. At the scheduled appointment, your identification will be verified using a photo ID, such as a driver's license, passport, military ID, etc. The fingerprinting process takes approximately 10 minutes. The Tooth Truck, Inc. will pay for the background check.

Processing of background checks is complete in approximately 5 business days. Results of background checks are reviewed only by the General Dentist and the Tooth Truck Program Coordinator.

CONFIDENTIALITY AND ETHICS

Volunteers of the Ronald McDonald Care Mobile must perform their duties according to the following standards to ensure the safety of our children and families.

- Recognize basic dignities of all individuals with whom the volunteer interacts.
- Keep in confidence such information as the volunteer may secure, unless disclosure is required by law or necessary for treatment.
- Place the welfare of children as the most important concern.
- Avoid situations where there could be a liability question.
- Avoid if at all possible any situation where the volunteer is alone with any child.
- Be just and courteous, maintaining a professional relationship with children and parents.
- Represent the Ronald McDonald Care Mobile in a positive manner
- Personal transportation of any patient and/or family member is strictly prohibited.

APPLICANT CONSENT

I certify that the answers given by me in the foregoing questions and statements in this volunteer application are true and correct without material omission of any kind. I agree that The Tooth Truck, Inc. shall not be liable in any respect if I begin volunteer service and that volunteer service subsequently terminates because of the falsity of statements, answers or omissions made in this application. I hereby authorize previous employers/organizations listed in this volunteer application to give any information regarding my employment and/or volunteer service, as well as provide copies of any information they may have regarding me whether or not in their employment and/or volunteer service records, and I hereby release those previous employers/organizations from any and all liability for providing such information. I hereby authorize The Tooth Truck, Inc. to conduct any additional investigation whatsoever with regard to my previous employment and/or volunteer service, my character, any criminal record, use of alcohol or controlled substances, or any other information that might be relevant to the position for which I have applied, and release The Tooth Truck, Inc. and Ronald McDonald House Charities of the Ozarks, Inc., their officers, agents and employees from any liability whatsoever as a consideration of the processing of this application, including the required background check, and understand that no offer of employment and or volunteer service is being made as a result solely of the investigation. I hereby authorize and consent to the release of any medical information, privileged or not, which might be requested with regard to such investigation. I have received a copy of this consent.

Applicant Signature _____ Date _____

Applicants between the ages of 14 and 18 must have this application signed by their parent or guardian.
This applicant has my permission to volunteer on the Ronald McDonald Care Mobile..

Parent or Guardian Signature _____ Date _____