



**Ronald McDonald
House Charities®**
Arkansas

1501 W. 10th Street, Little Rock, AR 72202
501-374-1956 Phone
501-374-2418 Fax
rmhcarkansas.org

Red Shoe Crew Membership Form

PERSONAL INFORMATION

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

2022 MEMBERSHIP LEVELS (CHOOSE ONE)

_____ **Red Shoe Crew Membership - \$35 fee (covers t-shirt first year)**

- T-Shirt - size _____

_____ **Membership Renewal - \$25**

FOUNDING MEMBER DUES

I would like to pay my membership (choose one): In Full OR In Payments (Circle - 2, 3, or 4)

Enclosed Check # _____ OR Cash \$ _____

Credit Card # _____ Exp _____ Sec. Code _____

Cover the processing fee (2.89%+ \$0.20): Y or N

_____ I will pay by credit card on Facebook (0% processing fees)

After you pay, email your receipt to RedShoeMembership@rmhcarkansas.org

COMMITTEE INTEREST

Rank the committees you would like to sign up for by level of interest

_____ FUNdraising: Assist with fundraising events for RSC and sharing of the RSC/RMH mission

_____ MEMBERSHIP: Assist with recruiting new members and membership events

_____ FAMILY ENRICHMENT: Assist with planning RSC volunteer projects at RMHCA

_____ MARKETING: Assist with social media content, newsletters, marketing and branding

Are you interested in serving on our RSC Leadership Board? Yes No

Do you know a company, or companies, that would be interested in supporting RSC through corporate or event sponsorship? If so, who?

REQUIRED FOR MEMBERSHIP

RED SHOE CREW VOLUNTEER AGREEMENT

Volunteering with Ronald McDonald House Charities of Arkansas (RMHCA) includes certain responsibilities and protections for both volunteers and the families served. As a volunteer, I agree to comply with the following expectations:

1. To conduct myself in a professional manner. I will ask staff for clarification on any expectation, policy or procedure I do not understand.
2. To treat all staff, other volunteers, and families with courtesy and respect in an equal and important manner, without regard to gender, race, religion, diagnosis, or any other factor.
3. To respect all families' rights to confidentiality. I will not give out any information regarding families (medical or other) to anyone unless specifically approved by staff.
4. To separate myself from families. I understand that this environment is emotionally complex, due to interaction with patients, their siblings and families, as well as other volunteers and staff. I understand my role is strictly of a supportive nature.

I will not over-involve myself with any *single* family, or child, at any time for any reason, and will treat all families equally. To ensure this does not happen, I will not:

- Visit with families and their patient(s) at any time other than during my time at Red Shoe Crew sponsored events.
 - Buy gifts for a specific child or family. I understand that RMHCA's policy is "ALL families or none."
 - Withhold any concerns expressed by a child or family; if heard I will immediately inform staff.
 - Exchange any personal contact information, home/work addresses, phone number, email, social media, etc.
 - Directly post any information about a patient or family on my social media, understanding that I may share any RMHCA social media post.
 - Cannot take photos or videos of families served by RMHCA
 - Transport any family in my personal vehicle or in the RMHCA vehicle.
5. I will do my best to make the House a place of comfort and support for families. I will offer encouragement to families, but will not advise them in any way.
 6. I will not proselytize or promote religious, political beliefs, and causes in the House.
 7. I understand that Ronald McDonald House Charities of Arkansas and its staff are not liable for any stolen or missing personal property or for any injury sustained while volunteering at RMHCA or any RMHCA/Red Shoe Crew hosted events.
 8. I understand all expectations, and that Ronald McDonald House Charities of Arkansas may terminate my services at any time and for any reason.

Signature: _____ Date: _____

Print Name: _____

For the safety and security of the families we serve, RMHCA conducts background checks on board, staff, volunteers, and families alike. I hereby authorize RMHCA to conduct a background check on my behalf. I understand that the results are kept confidential and that volunteering in the House is contingent upon its results.