



Ronald  
McDonald  
House®  
NORTHERN NSW

## Media Permission Form Ronald McDonald House Northern NSW\* Red Gum House Inc.

**Name(s):** \_\_\_\_\_

**Child/Childrens Name(s):** \_\_\_\_\_  
(under 18 years)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Authorisation

I hereby authorise Ronald McDonald House Northern NSW (RMH) to use (please tick)

Name       Image       Profile/testimonial

in marketing material for RMH. Other background information may be used for the purposes of an article, but RMH will check with you prior to that happening.

Examples of the kinds of publication that the images and additional information may be used in, include RMH marketing and fundraising material, external media, Ronald McDonald House Charities publications, and RMH website and social media.

Exclusions of use: \_\_\_\_\_

I understand that my image and information will not be used for anything other than promotional, fundraising and/or informational purposes and accept that I will receive no payment arising from the use of this. I also accept that no claim can be made against RMH or associated organisations arising from the use of the image. I hereby assign ownership of all intellectual property rights, including copyright, to RMH.

**Signed/Parent/Guardian:**.....

**Date:**.....

\*RMH Northern NSW includes programs operating under the name of Ronald McDonald House Newcastle and Tamworth, Ronald McDonald Family Room Gosford and Newcastle and Ronald McDonald Family Retreat Forster.

Office Use: Circle originating program: RMHN RMHT RMFRN RMFRG RMFRF  
RMLP Other \_\_\_\_\_

## Project Volunteer Application

**TYPE OF PROJECT** (Please tick appropriate box)      **Date:** .....

- Corporate       'Make A Meal' Program       Event       Duke Of Edinburgh Program  
 Work Experience       School Group       Other \_\_\_\_\_

**PROPOSED DATE/S FOR YOUR PROJECT:** \_\_\_\_\_

**PERSONAL INFORMATION** (For Groups – Supervisor to fill their details)

Business Name (if Applicable) .....

Full Name: ..... Date of Birth: / / Age: .....  
(For groups, please see over the page to add other names in your group)

Current Address: .....

Suburb: ..... Postcode: .....

Home Ph: ..... Work Ph: ..... Mobile: .....

Email Address: .....

Main language spoken at home (Other than English)? .....

Are you of Aboriginal or Torres Strait Islander origin? (Optional)     Yes     No

**EMERGENCY CONTACT** (the following is required in case of an accident)

Contact: ..... Relationship: .....

Ph: ..... Mobile: .....

### **MORE INFORMATION**

- For what purpose are you completing voluntary hours? .....
- Would you like to be contacted in regard to similar opportunities as they become available? YES / NO
- Have you (or anyone in your group) got any medical conditions or physical limitations we need to take into consideration when assessing your application? If so, please describe: .....
- Do you have any of the following? (Please tick)  
 Drivers Licence     First Aid Certificate     Responsible Service of Alcohol Certificate
- Have you ever been charged with a criminal offence?     Yes     No

### **VOLUNTEER STATEMENT**

I consent to **Ronald McDonald House Northern NSW** conducting a Criminal Record Check and Working With Children Check in respect of me, if required.

I understand that I am liable to have my volunteering terminated or my Volunteer Application refused if any details in this application are false.

I understand that I will be asked to sign and comply with the Ronald McDonald House Northern NSW Code of Conduct.

I understand that all information concerning Ronald McDonald House Northern NSW and the families is **strictly confidential** and any unauthorized disclosure of such information will be regarded as a breach of trust and may result in termination.

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