



Ronald McDonald
House Charities®
Piedmont Triad

Keeping families close®

TEENS WITH HEART

2025 Application

(Deadline: April 14, 2025)

TEENS WITH HEART applicants must be between the ages of 15 and 18 as of June 16, 2025.

2025 TEENS WITH HEART APPLICATION

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

Date: _____ Birthdate: _____ Age: _____
Month/Day/Year

School Attending: _____ Current Grade: _____

Have you been a previous TWH applicant? Y / N Have you been a TWH before? Y / N

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 Charities of the Piedmont Triad (RMHCPT) 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: _____



2025 TEENS WITH HEART APPLICATION

Tell us more about yourself below. Feel free to attach a separate sheet if more space is needed.

Your hobbies, skills, or special interests:

Your clubs or organizations:

What are your personal strengths or abilities?

Why do you want to participate in our TEENS WITH HEART program?

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?

Students must commit to one week of service, Monday-Friday, 10 a.m. - 2:00 p.m. on their scheduled week.

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

June 16 - June 20

July 7 - July 11

July 21 - July 25





2025 CONTRACT

- TEENS WITH HEART will receive 20 hours of volunteer credit for their participation in the program.
- If you are unable to complete hours during your assigned week of service, there will not be an opportunity to “make up” the hours.
- Be mindful of the reason our families are staying with us and conduct yourself accordingly.
- Cell phones may be brought but should be OFF during service hours, 10 a.m. – 2 p.m.
- The TEENS WITH HEART uniform consists of:
 - ♥ SPORT-A-SHIRT (available for purchase at or before start date, \$15 cash, credit card, or check 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 hats.
- The TEENS WITH HEART are involved with RMHCPT operations, to include:
 - ♥ Organizing and stocking supplies
 - ♥ Light housekeeping
 - ♥ Clerical duties
 - ♥ Cooking and baking
 - ♥ Yard work
 - ♥ Other duties as assigned
- TEENS WITH HEART are required to arrange their own transportation.
- For the safety of our families, Teens should not attend the program if they are sick or have been exposed to sickness.



2025 CONTRACT

I, _____, have read and understand the TEENS WITH HEART contract and agree to follow all rules therein, along with any instructions given by the Volunteer Services Manager 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 RMHCPT 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 RMHCPT Volunteer Services Manager, or other designated RMHCPT staff member and designated intern, to **deliver items to the RMHCPT Family Room** as well as **visit areas of interest within Brenner Children’s Hospital and Atrium Health Wake Forest Baptist Medical Center.**

Parent/Guardian Signature: _____ Date: _____

I give permission to the Ronald McDonald House Charities of the Piedmont Triad (RMHCPT) to make **photographs, movie film, tapes, or videos** of my child, _____, for use by the RMHCPT in its public relations program with such use restricted to utilization by various news media and/or RMHCPT 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: _____



Important Things to Know:

Spaces are limited for this popular program (no more than 15 students per week) so submitting your application early is a good idea!

Incomplete applications will not be considered.

Mail or Email application by April 14, 2025.

Mailing Address for TEENS WITH HEART applications:

Caleb Gossett, Volunteer Services Manager
Ronald McDonald House Charities Piedmont Triad
419 South Hawthorne Road
Winston-Salem, NC 27103

If you have any questions, please contact
Volunteer Services Manager
Caleb Gossett | CalebG@rmhcpt.org | 336.970.5651

