



Rockwall County Helping Hands
Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening: _____

Fax: _____ Cell: _____

e-mail address: _____

Birthdate: _____

Education: _____

Occupation: _____

Employer: _____ Work Hours: _____

Professional Licenses: _____

Days that you are available to volunteer: _____

Specific Hours: _____

Is there a program area that interests you more than another?

Community Clinic Emergency Assistance Thrift Store

Please list three references for RCHH to contact:

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Have you ever been convicted of a crime other than a minor traffic ticket?
Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___
If yes, please explain

Emergency Contact: _____
Emergency Phone: _____

Are you taking any medications that we should know about in case of an
emergency?

List:

Do you have any health conditions that we should notify emergency personnel
about if necessary?

I declare that all the foregoing statements are true and correct to the best of my knowledge and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed by Rockwall County Helping Hands (RCHH) my employment may be terminated at any time. In consideration of my employment, I agree to conform to the agency's rules and regulations, and I agree that my employment/volunteer role can be terminated, with or without cause, and without notice. I authorize RCHH, Inc. to conduct a background check, including criminal history and driving record; and to contact my present and past employers, schools, and references to determine my suitability for employment/volunteer. I hereby release RCHH from all liabilities resulting from these inquiries.

Applicant Signature

Date