



Adult Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Birthdate: _____

Email address: _____

If you would like to be notified about special events, food pantry needs, coupons, etc., please check here:

Education: _____

Occupation: _____

Employer: _____

Professional Licenses: _____

Are you interested in short term or long term volunteering?

Are you required to complete volunteer hours? YES NO

If so, how many? _____

Please check the areas you are interested in for volunteering:

Food Pantry Centsible Stores Assistance & Referral Special Events Health Center

Please check your skills and interests for volunteering:

data entry patient triage organizing clerical skills cash handling refurbishing

customer service interviewing heavy lifting retail experience merchandising electrical repair

attention to detail event coordinating decorating community outreach bilingual-Spanish

Professional Reference:

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Personal Reference:

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Emergency Contact Name: _____

Emergency Phone: _____

• Are you taking any medications that we should know about in case of an emergency? If yes, please list: _____

• Do you have any health conditions that we should notify emergency personnel about? _____

It is possible that a background check may be conducted prior to your volunteer involvement. By signing the statement below, you are giving your consent for a background check.

• Have you ever been convicted of a crime other than a minor traffic ticket?

Yes ____ No ____

If yes, please explain: _____

• Have you ever been convicted of a felony? Yes ____ No ____

If yes, please explain: _____

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. In consideration of my volunteer work, I agree to conform to the agency's rules and regulations, and I agree that my 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 schools and references to determine my suitability for volunteer. I hereby release RCHH from all liabilities resulting from these inquiries.

Applicant Signature

Date

**ROCKWALL COUNTY HELPING HANDS
POLICY AND PROCEDURES
CONFIDENTIALITY AGREEMENT**

Rockwall County Helping Hands staff, interns and volunteers will, to the best of their ability, ensure confidentiality and privacy with regard to history, records and discussions about the people they serve. Staff, interns and volunteers will not disclose any information about a person, including the fact that the person is or is not served by the organization, to anyone outside of this organization unless authorized by the executive director or other authorized personnel. All records will also remain confidential and will not be released to anyone without the permission of the executive director.

The principle of confidentiality must be maintained in all programs, departments, functions and activities of Rockwall County Helping Hands.

I have read and understand that all client files and information regarding clients is confidential and agree to adhere to this policy.

Volunteer

Date

Managing Director

Date