



Student Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

School Attending: _____ Grade: _____

Check the days that you are available to volunteer:

Mon	Tues	Wed	Thurs	Fri	Sat

- Please check YOUR skills & interests for volunteering at the Thrift Stores:**
- organizing
 - clerical skills
 - cash handling
 - refurbishing
 - customer service
 - heavy lifting
 - retail experience
 - merchandising
 - electrical repair
 - attention to detail
 - decorating

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

- YES
- NO

If yes, list: _____

Do you have any health conditions that we should know about in case of emergency?

- YES
- NO

If yes, list: _____

Emergency Contact Name: _____

Emergency Phone: _____

Parent's Name: _____ Phone: _____

Parent's Signature: _____

date

Applicant's 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

