



**ROCKWALL COUNTY HELPING HANDS
VOLUNTEER APPLICATION**

Name:		
Address:		
City:	State:	ZIP:
Phone (HM):	Phone (CELL):	
Birthdate:		
Email:		
Education Level Completed:		
Occupation:		
Employer:		
Professional Licenses:		
Days that you are available to volunteer: Mon___ Tues___ Wed___ Thurs___ Fri___ Sat___		
List specific hours:		
Volunteer Interests: Health Center ___ Assistance/Food Pantry___		
Thrift Store___ Special Events___ Administrative___		
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 Name:

Emergency Contact Phone:

Are there any medications or medical conditions that Rockwall County Helping Hands should be aware of in the event of an emergency? YES____ NO____
If YES, please explain

PLEASE LIST THREE REFERENCES

Name:
Phone:
Address:

Name:
Phone:
Address:

Name:
Phone:
Address:

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/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 suitability for employment/volunteer. I hereby release RCHH from all liabilities resulting from these inquiries.

Applicant Signature:

Date: