



**ROCKWALL COUNTY HELPING HANDS  
VOLUNTEER APPLICATION**

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone (HM):</b>	<b>Phone (CELL):</b>	
<b>Birthdate:</b>		
<b>Email:</b>		
<b>Education Level Completed:</b>		
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Professional Licenses:</b>		
<b>Days that you are available to volunteer:</b> Mon___ Tues___ Wed___ Thurs___ Fri___ Sat___		
<b>List specific hours:</b>		
<b>Volunteer Interests:</b> Health Center ___ Assistance/Food Pantry___		
Thrift Store___ Special Events___ Administrative___		
<b>Have you ever been convicted of a crime other than a minor traffic ticket?</b> YES___ NO___		
<b>Have you ever been convicted of a felony?</b> YES___ NO___ If YES, please explain		

**Emergency Contact Name:**

**Emergency Contact Phone:**

**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:**