



Rockwall County Helping Hands
Student Volunteer Application

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

e-mail address: _____

School Attending: _____ Grade: _____

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

Parents Name: _____

Phone: _____

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?

Applicant Signature

Date