

Thank you for volunteering for Hesed House of Wharton. Please complete the form below. Once your completed form is received, we will contact you to address any questions you may have and schedule a convenient time for your volunteer orientation.

Last Name		First Name		Date		
*Name of Parent or Gu * If a volunteer is under 1		• • • • • • • • • • • • • • • • • • •	also complete a pe	ermission form.		
Address		Phone	Date o	Date of Birth		
Email:		DL#:				
Company or Volunteer	Group Nan	ne				
Emergency Contact: Name	: Relationship		Phone number			
How often are you ava □Monthly □Specia		unteer? □ Day time □As Needed	 Evening 	□Weekends □Weekly		
In what areas of involvoice Advertising/PR Social Landscaping	l Media	□Admin/Office Help	□Mucking/ Bu	•		
How did you hear abou	ıt Hesed Ho	ouse?				
	a volunteer al Fulfillme Degree Req	nt Community	Service Requir	ements		
Volunteer experience:						

413 Colorado St Wharton, TX 77488





BACKGROUND CHECK

We want our volunteers to work in a safe environment so Hesed House of Wharton requires criminal background checks on every volunteer. We reserve the right to decline any potential volunteer based on the results of the background check. Screening must be completed before volunteers begin working.

I agree to have a background	d check.			
Have you been convicted of a crime?	•	□No	□Yes	
If yes, please briefly describe.				
PHOTO RELEASE:				
I grant to Hesed House of Wharton, the connection with Hesed House events I authorize Hesed House of Wharton,	5.			
the same in print and/or electronically	-	a transisi		grit, add and publich
I agree that Hesed House of W my name and for any lawful purpose, illustrations, advertising, and Web cor	including for e	•	• .	
I have read and understand th	ne above.			
Volunteer Signature			Date	-
LIABILITY WAIVER: I hereby Release non-profit corporation, its directors, of for any injuries or illness that I myself volunteer work for Hesed House of W as permitted by the laws of the State	fficers, employ for my depend /harton. I agree	ees and a ent may s	gents, its suc affer in conn	ccessors and assigns, ection with any
Volunteer Signature		l	Date	
413 Colorado St Wharton, TX 77488				hesedhousewtx.com 979.531.3030



The Park Project will be an active construction site, parent/ guardian permission is required for any volunteer under the age of 18. Guardians please fill out the form below

*This signed form will cover all phases of The Park Project.
Minors Name :
Emergency Contact:
(Please list 2 or more)
Family Doctor Name and phone number:
Preferred Hospital:
Name of Insurance Company:
Policy Number
Parent Name and Phone Number:
(Please Print)
I certify that I am the parent or legal guardian of the above named minor participating in The Park Project. Hesed House of Wharton has my permission to allow my child to participate in the construction of the Park Project. I agree to hold harmless and release from liability Hesed
House of Wharton or any employee or representative thereof, for any action, claim, or damage that may arise as a result of my child's participation. In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event
I/we cannot be contacted, my authorized signature below gives my/ our permission to Hesed
House of Wharton to secure prompt treatment.
Signature
Date

