

**Helping  
Children  
Rebuild**

4195 Chino hills Pkwy PMB #307  
Chino Hills, Ca. 91709-2618  
TID: 46-0936704

**Helping Children Rebuild**



A non-profit charitable Corporation 501(c)(3) to help children and their Families Rebuild their health and hygiene needs as well as their lives, their Homes, their schools and their communities.

Phone 866-297-9413 ● Fax 909-393-1457

marilyn@helpingchildrenrebuild.org ● redshortmom@yahoo.com

<http://helpingchildrenrebuild.org>

## H. C. R. VOLUNTEER APPLICATION

### Individual and Family

**INSTRUCTIONS:** Print this application form and fill it out. Make checks payable to Helping Children Rebuild (H.C.R.). Mail your completed application, together with your non-refundable \$30.00 application fee, a picture of yourself (a good face shot), and a copy of your passport (if you already have one) to: Helping Children Rebuild, 4195 Chino Hills Pkwy PMB # 307, Chino Hills, CA 91709-2618.

Please speak to an H.C.R. representative before filling out the application so that we can be watching for it.

To ensure the safety and well-being of the children and volunteers alike, H.C.R. may do a background check on applicant. Applicant information is held in strict confidence. If you have any questions regarding this application form, please contact the H.C.R. administration office online at [greg@helpingchildrenrebuild.org](mailto:greg@helpingchildrenrebuild.org) or call 866-297-9413 - M-F from 9 am to 6 pm.

#### FILL OUT COMPLETELY

**THIS APPLICATION AND FEE MUST BE RETURNED BY April 2013**

I/We are applying for a work/medical trip with H.C.R. going to Puerto Plata, Dominican Republic, to depart on (mm/dd) \_\_\_\_\_ Returning \_\_\_\_\_

**APPLICANTS ON THIS FORM SHOULD HAVE THE SAME PERMANENT ADDRESS OR YOU MUST USE SEPARATE FORMS.**

Please Print

Please send a recent picture

Individual or head of family signature

Individual Volunteer or Head of Family name

Permanent home/family address

City State Zip

Emergency contact name

Language skills and/or professional skills that may be helpful

Home phone with area code Cell Phone #

E-mail address

Emergency contact's e-mail address

Emergency contact's phone #

Name & phone # of physician

#### FAMILY INFORMATION

PLEASE PRINT

**Applicant Name's (on passport) | Current Passport # | E-mail Address | Cell Phone # | Age | Birth date**

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