

Volunteer Application

Inter-office use only:

RE # _____
E S FM

Title: Dr. Mr. Miss Mrs. Ms.

First: _____ MI: _____ Last: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): (____) _____ - _____ (Mobile): (____) _____ - _____ (Work): (____) _____ - _____

Email: _____ Birthdate: ____/____/____

Reason for Volunteering: Internship Event Volunteer Court-Ordered School Other

What is your preferred store location?

Canton Livonia Commerce Woodhaven Dearborn Ypsilanti

AVAILABILITY:

How many hours are you available for? _____ I am flexible to work any shift _____ (Please initial)

What time of the week is best? M T W Th F Sat Sun Time(s): _____ a.m. OR p.m. - _____ a.m. OR p.m.

of hours needed (if community service): _____ Date the hours need to be completed by: _____

EMPLOYMENT: Current Retired Unemployed

Company Name: _____

City, State: _____, _____

Contact: _____

Phone #: (____) _____ - _____

EDUCATION:

High School/GED No Yes (School Name: _____ City: _____)

Trade School/Community College No Yes (School Name: _____ City: _____)

Bachelors Degree: No Yes (School Name: _____ City: _____)

Masters Degree: No Yes (School Name: _____ City: _____)

Area of Study: _____ Club or Organization: _____

How did you hear about us?

Newspaper TV Radio School/College Friend/Relative Other: _____

Why are you interested in volunteering for Goodwill? _____

INTEREST: What kind of volunteer work are you interested in?

Accounting

Assisting adults with Disabilities

Clerical/Administrative

Retail Store Help

Data Entry

Internet/Web Research

Customer Service

Phone Calls

Mentoring

Other _____

Volunteer Application



SKILLS or HOBBIES: Summarize special skills and qualifications from previous experiences.

PREVIOUS VOLUNTEER EXPERIENCE: Summarize your previous volunteer experiences.

TRANSPORTATION: Car Bus Walk Other

Do you require special accommodations? No Yes

Are there any groups with whom you would not feel comfortable working with? No Yes (If so, please explain below)

BACKGROUND CHECK: Do you have a criminal record? No Yes (If so, please explain below)

REFERENCES: (Personal or Professional)

Name	Address, City, State, Zip	Phone
# 1	_____	_____
# 2	_____	_____
# 3	_____	_____

EMERGENCY CONTACT:

Name (first & last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ Email: _____

I certify that the information contained in this application is correct and complete to the best of my knowledge. I realize that misrepresentation of facts will be cause for rejection of this application. I understand that my enrollment as a volunteer is contingent upon successful completion of the application process, including reference checks and a criminal history check. I give my permission for my references to release information about me and my criminal history verified. I understand that Goodwill Industries of Greater Detroit does not discriminate on the basis of race, color, national origin, sex, disability, age or religion and that this application will be handled in a confidential manner.

Signature

Date



GOODWILL INDUSTRIES OF GREATER DETROIT

Criminal History Background Check Consent Form

As a prospective volunteer being considered for placement, I

_____, understand that it is Goodwill Industries of Greater Detroit policy to secure a criminal history background check as part of my volunteer screening process using the information provided below.

Name _____
Last First Middle

Maiden name or names previously used: _____

Birthdate ____/____/____ Race _____ Sex _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Goodwill Industries of Greater Detroit to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature of Applicant

Date