

For Goodwill Use Only:

 Last Name First Name
 Determination _____
 Orientation Complete _____
 Exit Sent _____



Application Date: _____

Date/Time you would like to begin: _____

Adult
18+

Teen
16-17

“Goodwill Industries of Southwestern Michigan provides education, training, career support and opportunities to people with barriers to employment so that they can achieve self-sufficiency.”

Please fax or mail this application to:

Sara Flores
 Receptionist and Volunteer Coordinator
 Goodwill Industries of Southwestern Michigan
 420 E. Alcott Street, Kalamazoo, MI 49001
 Phone: (269) 382-0490 Fax: (269) 382-9923

- The completion of this application gives permission to Goodwill Industries of Southwestern Michigan to perform a criminal check as necessary. It also serves as a release form to use photographs, interviews, video and/or sound recordings for public relations purposes

Please Fill Out All Information Completely!

At which location do you wish to volunteer?

___ Alcott
(Kalamazoo)

___ Allegan

___ Benton Harbor

___ Milham

___ Paw Paw

___ Plainwell/Otsego

___ Stevensville

___ Special Events

___ Sturgis

___ Three Rivers

___ West Main
(Kalamazoo)

___ Other:

Volunteer Applicant Contact Information—Please Print Clearly

First Name	Middle Initial	Last Name
Address		Apt. #
City	State	Zip Code
Home Number	Date of Birth	Email

Background Information

This information will only be used to secure an accurate criminal background check.
 All information must be complete for your application to be considered.

Please circle the ethnicity that most accurately describes you. Choose only one.		Gender Choose one.
American Indian	Alaskan Native	Male
Pacific Islander	Asian	Female
Black	White	

Work and Education Experience

Current Employer	<i>Circle Highest Grade Completed</i>
Work Phone	High School: 9 10 11 12 Graduation Date
Work Address	College: 1 2 3 4 5+ Graduation Date
Position Title (If Any)	College Major:

Are you required to volunteer to satisfy a school requirement? YES NO

If YES, by whom: _____ How many hours: _____ Deadline: _____

Are you required to volunteer by court order? YES NO

If YES, by whom: _____ How many hours: _____ Deadline: _____

Have you been convicted of a felony within the last 7 years (which has not been annulled, expunged or sealed by the court)? (A YES ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU) YES NO

If YES, please list all offenses and the year each occurred: _____

Do you have any pending felony charges? YES _____ NO _____

Please provide an Emergency Contact Name and Phone Number:

Name	Phone Number
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Skills/Preferences	Availability									
What volunteer service(s) would you like to perform?	Please check boxes for the timeframe in which you would like to volunteer: (Daily, Weekly, Monthly, etc.)									
<input type="checkbox"/> Retail <input type="checkbox"/> Any <input type="checkbox"/> Admin. <input type="checkbox"/> Other	Please Specify Exact Hours You Can Work Each Day									
Please list dates you would like to volunteer:	Daily: _____	Morning	SU	M	TU	W	TH	F	SA	
Starting Date:	Weekly: _____	Afternoon								
Ending date:	Monthly: _____	Evening								
As Needed: _____										
If no ending date check here:	Other Work Experience:									

Please list any special accommodations you might need to volunteer with Goodwill. See below (A. or B.)

A. Other special instructions that we may need to know about:

B. If there will be a Job Coach present, please provide name & number: _____

Please list any strengths/skills you may possess:

How did you hear about our Volunteer Program? _____

Would you be willing to become a full-time or part-time Goodwill Volunteer?

<i>YES, full-time (8+ hours a month)</i>	<i>YES, part-time (8+ hours a year)</i>	<i>NO</i>
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Goodwill Industries of Southwestern Michigan Commits to the Following:

- To do the very best we can to make your volunteer experience productive and rewarding.
- To provide adequate information, training, and assistance for each volunteer to be able to meet the responsibilities of his or her commitment.
- To ensure diligent supervisory aid to the volunteer and provide feedback on performance.
- To respect the skills, dignity, and individual needs of the volunteer.
- To be receptive to any comments from the volunteer regarding ways we can better accomplish our respective tasks.
- To treat the volunteer as an integral member of the Goodwill Team, jointly responsible for the completion of Goodwill's Mission.

I, the Volunteer, understand and agree that:

- My answers are true and complete to the best of my knowledge.
- That false or misleading information given in my application or interview may result in dismissal from volunteering services.
- That I am required to abide by all the rules and regulations of Goodwill Industries of Southwestern Michigan.
- That I authorize Goodwill Industries of Southwestern Michigan to secure a criminal conviction history report from the appropriate law enforcement agency.

I, the Volunteer, have read and understand the policies and procedures of Goodwill Industries of Southwestern Michigan.

Volunteer Name (Please Print Legibly)

Signature

Date

Parent/Guardian Name (Please Print Legibly)

Signature

Date

Supervisor (Please Print Legibly)

Signature

Date

Instructions: *Please Mail or Fax this **signed** commitment with your Volunteer Application*

Goodwill Industries of Southwestern Michigan

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Phone: (269) 382-0490

Fax: (269) 382-9923

Web: www.goodwillswmi.org