For Goodwill Use Only:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Determination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation Complete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit Sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Volunteer Application Form**



**Mission:**

*“To improve the community by providing employment, education, training and support services tailored to individual needs.”*

**Success – Collaboration – People – Positivity**

Application Date:\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time you would like to begin:\_\_\_\_\_\_\_\_\_\_

Adult Teen

18+ 16-17

**Please fax or mail this application to:**

Human Resources

Goodwill Industries of Southwestern Michigan **Purpose: Service Agency**

420 E Alcott Street, Kalamazoo MI 49001 Court Ordered

Phone: (269) 382-0490 ext. 251 Fax : (269) 382-9923 Self-Fulfillment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Fill Out All Information Completely!***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **At which location do you wish to volunteer?** | | | | | |
| 1. \_\_\_Alcott (Kalamazoo) | 1. \_\_\_Allegan | | 1. \_\_\_Benton Harbor | | 1. \_\_\_Milham |
| 1. \_\_\_Paw Paw | 1. \_\_\_Plainwell/Otsego | | 1. \_\_\_South Haven | | 1. \_\_\_Stevensville |
| 1. \_\_\_Sturgis | 1. \_\_\_Three Rivers | | 1. \_\_\_West Main   (Kalamazoo) | | 1. \_\_\_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**  **Please circle one.** | |
| American Indian | | Alaskan Native | | Male | |
| Pacific Islander | | Asian | | Female | |
| Black | | White | |  | |

|  |  |
| --- | --- |
| **Work and Education Experience** | |
| Current Employer | *Circle Highest Grade Completed* |
| 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 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.)** | | | | | | | | |
| \_\_\_Retail | \_\_\_Any |  | **Please Specify Exact Hours You Can Work Each Day** | | | | | | | |
| \_\_\_Admin. | \_\_\_Other | Daily:\_\_\_\_\_\_\_ |  | SU | M | TU | W | TH | F | SA |
| **Please list dates you would like to volunteer:** | | Weekly:\_\_\_\_\_\_ | Morning |  |  |  |  |  |  |  |
| Starting Date: | | Monthly:\_\_\_\_\_ | Afternoon |  |  |  |  |  |  |  |
| Ending date: | | As Needed:\_\_\_ | Evening |  |  |  |  |  |  |  |
| 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.)***

1. Other special instructions that we may need to know about:
2. 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?** | | |
| *YES, full-time (8+ hours a month)* | *YES, part-time (8+ hours a year)* | *NO* |

**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

* 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

|  |
| --- |
| Instructions: *Please Mail or Fax this* ***signed*** *commitment with your Volunteer Application* |
| **Goodwill Industries of Southwestern Michigan**  420. E. Alcott Street, Kalamazoo, MI 49001  Phone: (269) 382-0490 Fax: (269) 382-9923 Web: [www.goodwillswmi.org](http://www.goodwillswmi.org) |



***Authorization for Criminal Background Check***

**\*COPY OF LEGAL IDENTIFICATION MUST BE ATTACHED\***

**REASON:**  **Employment  Volunteer**

**FULL NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

**PREVIOUS NAMES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GENDER:**  Male  Female

**LOCATION / POSITION:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MESSAGE PHONE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the box corresponding to the ethnicity that most accurately describes you. Check only one box.**

□ American Indian Alaskan Native □ Asian □ Other

□ Pacific Islander □ Alaskan Native

□ Black □ White

I authorize Goodwill Industries of Southwestern Michigan to secure a criminal convictions history from the appropriate law enforcement agency (should Goodwill Industries determine it is necessary to do so) at the expense of Goodwill Industries of Southwestern Michigan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

**FOR OFFICE USE ONLY:**

**Requestor**:

A criminal records verification for the State of Michigan has been conducted on the above referenced employee.

\_\_\_\_\_\_\_\_\_\_ No criminal record was found through the above referenced date.

\_\_\_\_\_\_\_\_\_\_ A criminal record was found, and results are attached.

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_