



GOODWILL INDUSTRIES
of Erie, Huron, Ottawa and Sandusky Counties, Inc.

“Our mission is to provide quality, customized employment services that enable personas with disabilities and disadvantaging conditions to achieve their highest levels of personal, social and economic independence...”

Volunteer or Community Service Application Form

Applicant Information:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ()	Cell Phone: ()	
Start Date/Time: REQUIRED	Birth Date:	Email Address:
Emergency Contact Name, Number, Relationship:		
Are you required to do Community Service to satisfy a school requirement?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, by whom? Hours: Deadline:
Are you required to do Community Service to satisfy a court-order?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, by whom? Hours: Deadline:
Are you required to do Community Service to satisfy a Work Experience Program or to continue Assistance/Food Stamps?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Community Service applicants MUST provide the proper documentation to support the requirement for community service (court order, paperwork from Job and Family Services).
Have you ever been convicted of a criminal offense other than a minor traffic violation? (Criminal Convictions will not necessarily disqualify applicants.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Offense(s): _____
Is this your first offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>	When: _____ Where: _____

Please list as many dates and times that you will be able to do Community Service:

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Strengths/Skills:

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Professional References:

Full Name:	Title:
Company:	Phone: ()
Address:	

Full Name:	Title:
Company:	Phone: ()
Address:	

Current Employment (If applicable):

Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
May we contact your supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please mark the location(s) you would like to perform Community Service at:

<input type="checkbox"/> Bellevue, OH 855 W Main Street 419-483-2244 <input type="checkbox"/> Fremont, OH 1040 Oak Harbor Road 419-334-8722 <input type="checkbox"/> Huron, OH 422 Cleveland Road E. 419-433-7542	<input type="checkbox"/> Norwalk, OH 295 Milan Ave. Suite 1 419-668-4205 <input type="checkbox"/> Port Clinton, OH 205 S E Catawba Road 419-734-6042 <input type="checkbox"/> Willard, OH 108 Blossom Centre 419-935-4048	<input type="checkbox"/> Plant – Fremont, OH 1597 Pontiac Avenue 419-334-75661 <input type="checkbox"/> Plant / Office Sandusky, OH 419 W Market Street 419-625-4744	<input type="checkbox"/> Special Events Various dates, times, locations. <hr/> <hr/>
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Accommodations:

Please list any reasonable accommodations you may need?	
Please list any strengths or skills you may have:	
If you will have a job coach present, please provide name and number:	

Demographic Information:

How did you hear about our Community Service program?		Married or Single (Optional):		Gender (M/F) (Optional):	
Would you be willing to become a part-time volunteer?		Ethnicity (Optional):			
Do you shop at Goodwill stores?		If you answered yes, which store do you shop at?			
Do you donate to Goodwill?		If you answered yes, which location do you donate to?			

Volunteer/Community Service Applicant Signature: _____

Please fax, email, or mail this application to:

The Human Resource Department
Goodwill
419 West Market Street
Sandusky, Ohio 44870

419-625-4744 (direct line)
419-625-4692 (fax)



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VOLUNTEER/COMMUNITY SERVICE AGREEMENT AND RELEASE FROM LIABILITY

Voluntary Participation:

I acknowledge that I have voluntarily applied to Goodwill Industries, Inc. I understand that as a Community Service/ Volunteer worker, I will not be paid for my services, I will not be covered by any medical or other insurance coverage provided by Goodwill Industries, Inc., and I will not be eligible for any Worker's Compensation benefits.

Release:

In consideration of the opportunity afforded me to participate in this program, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Goodwill Industries, Inc., or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the Community Service workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the program. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the program. I further consent to the unrestricted use by Goodwill Industries, Inc., and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

Volunteer/Community Service (signature): _____

Full Name (please print): _____

Phone Number: _____

Date: _____