

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:	
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How did you hear about our Volunteer / Community Service program?

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): _____ When: _____ Where: _____					

Dates/Times Available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 AM – Noon Noon – 5:00 PM Tues. 5:00 – 9:00 PM							

Applicable Skills

References

Full Name:		Phone:	()
Email:			

Full Name:		Phone:	()
Email:			

Please mark the location(s) you would like to volunteer / do Community Service at

<input type="checkbox"/> Bellevue, OH <input type="checkbox"/> Fremont, OH <input type="checkbox"/> Huron, OH	<input type="checkbox"/> Norwalk, OH <input type="checkbox"/> Port Clinton, OH <input type="checkbox"/> Willard, OH	<input type="checkbox"/> Plant – Fremont, OH <input type="checkbox"/> Plant – Sandusky, OH <input type="checkbox"/> Special Events Various dates, times, locations.
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Accommodations

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

Emergency Contact Information

Emergency Contact Name:	
Address:	
City/State/Zip:	
Parent(s) name(s): (if volunteer under 18 years of age)	

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 person, 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 Workers' Compensation benefits.

Release:

In consideration of the opportunity afforded me to assist 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 Applicant Signature: _____

Parent/Guardian (if under age 18): _____

Please fax, email, or mail this application to

**The Human Resource Department
 Goodwill Industries of Erie, Huron, Ottawa and Sandusky Counties, Inc.
 419 West Market Street
 Sandusky, Ohio 44870**

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

Affirmative Action Voluntary Information

COMPLETION OF THIS FORM IS VOLUNTARY
 PLEASE PRINT

All applicants are considered for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. **This information is not provided to the appointing authority and is kept separate from your application.**

Applicant Demographic Information

Today's Date	Married or Single (Optional):		Gender (M/F) (Optional):		
Disabled? ___Yes ___No	Veteran? ___Yes ___No	<input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran			

Ethnicity/Equal Employment Opportunity Identification Groups (Optional):

_____ Hispanic or Latino

_____ White (not Hispanic or Latino)

_____ Black or African American (not Hispanic or Latino)

_____ Native Hawaiian or Other Pacific Islander

_____ Asian (not Hispanic or Latino)

_____ American Indian or Alaska Native (not Hispanic or Latino)

_____ Two or more races (not Hispanic or Latino) – all persons who identify with more than one of the above