



Goodwill Industries of Akron Individual Application for Youth Volunteer Service

Instructions:

Please list only one person per form.

Make copies of blank and completed forms for your files.

Date _____

General Information:

Please Print. Use dark pen. Must be legible to process application.

Name _____

Address _____ City _____ Zip _____

County _____ Phone _____ Secondary Phone _____

Gender Male Female (circle) Date of Birth: ____/____/____

E-mail _____

How many hours are you interested in? _____ Date(s) available to volunteer _____

Times available to volunteer: (For availability purposes only. Retail managers will set up your schedule)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

<input type="checkbox"/> Akron Store 570 E. Waterloo Road	<input type="checkbox"/> Ashland Store 1611 Claremont	<input type="checkbox"/> Brunswick Store 1733 Pearl Road, Suite 101
<input type="checkbox"/> Northfield 10333 Northfield Road Suite 6	<input type="checkbox"/> Kent/Ravenna Store 2528 State Rt. 59	<input type="checkbox"/> Lakemore Store Lakemore Plaza 1500 Canton Road, Akron
<input type="checkbox"/> Ontario Store- Richland County 2154 W Fourth Street	<input type="checkbox"/> Medina Store 3500 Medina Road	<input type="checkbox"/> Outlet Store Arlington Plaza 1400 S. Arlington St, Suite 150
<input type="checkbox"/> Streetsboro Store 1703 State Route 303 (Streetsboro Plaza)	<input type="checkbox"/> Tallmadge Store 15 Midway Plaza	<input type="checkbox"/> State Road Store 1725 State Road Cuyahoga Falls
<input type="checkbox"/> Lexington Store- Richland County 1280 Lexington Avenue	<input type="checkbox"/> Wadsworth Store 170 Great Oaks Trail	<input type="checkbox"/> Twinsburg Store 10735 Ravenna Road

Area(s) of interest for volunteering (check all that apply):

<input type="checkbox"/> Merchandise/Donation Handler	<input type="checkbox"/> Book Volunteer
<input type="checkbox"/> Filing/General Clerical Tasks	<input type="checkbox"/> Special Events
<input type="checkbox"/> Other, please describe:	

Please describe why you are interested in this area _____

Please give any type of skills/training you have that would assist you _____

What organizations or clubs do you belong to? _____

How did you hear about Goodwill? _____

Have you volunteered for Goodwill before? _____ If yes, when? _____

What were your duties? _____

Are you related to any Goodwill employees? Y / N If yes, which location? _____

Are you a student? Yes No If so, where? _____

Are you at least 16 years old? Yes _____ No _____ **Date of Birth** ____/____/____ **

(Volunteers must be age 16 or older to serve at our retail locations. If you are over age 18, please fill out the adult application.)

Do you need a letter verifying your hours and duties of volunteering? Yes _____ No _____

If yes, to whom? Name _____ Email _____

Address _____

-If you need verification of hours served, please contact the Volunteer Services Coordinator with your request

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No If yes, give date and nature of crime _____

Employment Status: Part Time Unemployed

Current Employer Name _____

Please list three references (non-family members):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please list person to contact in case of an emergency:

Name _____ Phone _____

Address _____

Relationship _____ Email _____

Goodwill Industries of Akron takes pride in providing a quality volunteer service. In order to assure the safety and well-being of all involved (participant/volunteer/employees), all volunteers must have on file in the Goodwill office:

1. Completed Volunteer Application
2. Photocopy of your drivers license (if performing driving duties)
3. Photocopy of your automobile liability insurance coverage (if performing driving duties)

If you are performing driving duties, Ohio law requires liability insurance on your car; we require a completed volunteer application and a copy of your driver's license. This information is confidential, accessible to Goodwill Human Resources, Marketing and others, only as required by law.

Goodwill reserves the right to terminate the volunteer arrangement at any time, with or without cause or notice.

Volunteer Signature _____ Date _____

I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Guardian's Name _____ Date _____

Guardian's Signature _____, _____
Nature of relationship to Volunteer

**Please complete the application fully and fax, mail or e-mail to
Goodwill Industries and you will be immediately contacted.
Completed applications do not guarantee that an opportunity exists.**

Goodwill Industries of Akron

ATTN: Volunteer Services; Heather Schaefer

570 E. Waterloo Rd.

Akron, OH 44319

Phone: (330) 786-2524 Fax: (330) 786-2503 Toll Free: (800) 989-8428 x. 426

E-Mail: hschaefer@goodwillakron.org

Website www.goodwillakron.org