



# Goodwill Industries of Akron Individual Application For Adult Volunteer Service

**Please list only one person per form.** Make copies of blank and completed forms for your files.

**General Information:** Please Print. Use dark pen. Must be legible to process application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio ZIP: \_\_\_\_\_ County \_\_\_\_\_, USA

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender: Male Female (circle) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Date(s) available to volunteer/start \_\_\_\_\_ Times available to volunteer: \_\_\_\_\_

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Purpose for volunteering \_\_\_\_\_

(If volunteering for Community Service, please fill out the community service application)

Number of volunteer hours needed \_\_\_\_\_

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

<input type="checkbox"/> Merchandise/Donation Handler	<input type="checkbox"/> Warehouse Assistant (Waterloo Rd.)
<input type="checkbox"/> Radio Reading (Waterloo Rd.)	<input type="checkbox"/> Baler Assistant (Waterloo Rd.)
<input type="checkbox"/> Book Volunteer	<input type="checkbox"/> New Goods Processor (Waterloo Rd.)
<input type="checkbox"/> Clerical	<input type="checkbox"/> Data Processing
<input type="checkbox"/> Assembly (Waterloo Rd.)	<input type="checkbox"/> Participant Mentor (Requires referral from a qualified field observation college course)
<input type="checkbox"/> Special Event, please describe	<input type="checkbox"/> Other, please describe

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

<input type="checkbox"/> Akron Store ** (Summit County Locations) 570 E. Waterloo Road	<input type="checkbox"/> Ashland Store (Ashland Co.) 1611 Claremont	<input type="checkbox"/> Brunswick Store (Medina County) 1733 Pearl Road
<input type="checkbox"/> Northfield ** 10333 Northfield Road	<input type="checkbox"/> Kent/Ravenna Store 2528 State Rt. 59 (Portage)	<input type="checkbox"/> Lakemore Store (Lakemore Plaza) 1500 Canton Road **
<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 (Portage County) 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 Mall (Richland County) 1280 Lexington Avenue, Mansfield	<input type="checkbox"/> Wadsworth Store (Medina Co.) 170 Great Oaks	<input type="checkbox"/> Twinsburg Store ** 10735 Ravenna Rd.

Please list any type of skills/training you have that would assist you \_\_\_\_\_  
\_\_\_\_\_

Education (Please list name, location and dates):

College: _____
Vocational School: _____
High School: _____

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer _____	Phone ( _____ ) _____	
Street Address _____		
City _____	State _____	Zip _____
Job Title _____	Supervisor's Name _____	
Start Date _____	End Date _____	
Reason for Leaving _____		May we contact? Yes ___ No ___

Employer _____	Phone ( _____ ) _____	
Street Address _____		
City _____	State _____	Zip _____
Job Title _____	Supervisor's Name _____	
Start Date _____	End Date _____	
Reason for Leaving _____		May we contact? Yes ___ No ___

What other organizations do you belong to? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about volunteering at Goodwill? \_\_\_\_\_

Have you volunteered for Goodwill before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What were your duties? \_\_\_\_\_

Have you been employed by Goodwill before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?

No  Yes; if yes, give date (s) and detail \_\_\_\_\_  
\_\_\_\_\_

Please list person to contact in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list three references (non-family members):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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)
4. Agree to a background check.
5. Signature on Acknowledgement of Volunteer Policies

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.

I certify that all information I have provided in order to apply for and volunteer service through Goodwill is true, complete and correct. I expressly authorize, without reservation, Goodwill, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding Goodwill, its agents, employees or representatives, for seeking, gathering and using such information in their volunteer process and all other persons, corporations or organizations for furnishing such information about me. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) immediately discharge me from volunteer service, whenever it is discovered.

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

*I agree to a comprehensive, investigative background check before, or during my volunteer service.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**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: Heather Schaefer, Volunteer Services**

570 E. Waterloo Rd.

Akron, OH 44319

Phone: (330) 786-2524 Fax: (330) 786-2503

E-Mail: [hschaefer@goodwillakron.org](mailto:hschaefer@goodwillakron.org)

Website [www.goodwillakron.org](http://www.goodwillakron.org)

**NOTICE – BACKGROUND AUTHORIZATION FORM**

In connection with your application and/or employment with The Goodwill Industries of Akron, Ohio, Inc. (Employer) this notice is provided to inform you that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, driving and/or motor vehicle records, social security verification, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Crimcheck.com, 17295 Foltz Industrial Parkway, Suite B, Strongsville, OH 44149 [1-877-992-4325]. For information about Crimcheck.com’s privacy practices, see [www.crimcheck.com](http://www.crimcheck.com). The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow Employer to conduct future screenings for retention, promotion or reassignment, unless revoked by you in writing. Employer also reserves the right to share such reports with a third-party for whom you will be placed to work as a representative of Employer, if applicable.

**Acknowledgement and Authorization**

You hereby authorize, without reservation, the obtaining of a “consumer report” and/or “investigative consumer report” at any time after receipt of this authorization and during the course of your employment, to the extent permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Employer, if applicable.

**Minnesota & Oklahoma applicants or employees only:** Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Employer. By checking “yes”, a copy will be provided to you at the address you provide on this notice.

I would like to receive a copy of my consumer report: ( ) Yes ( ) No

**New York applicants or employees only:** Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Crimcheck.com directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

**Washington State applicants or employees only:** Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosures to consumers (RCW 19.182.070) by contacting Crimcheck.com directly.

**California, Maine applicants or employees only:** Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Employer. By checking “yes” a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: ( ) Yes ( ) No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Previous Names Used: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

Previous Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic offenses? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, provide explanation:

Year of Offense: \_\_\_\_ County offense was committed: \_\_\_\_\_ Offense Description: \_\_\_\_\_

City offense was committed: \_\_\_\_\_

\*\* *Crimcheck.com will only use this information for background screening purposes and no other purpose.*