



GOODWILL INDUSTRIES
of South Central Wisconsin, Inc.

Volunteer Application

Contact Information

Date: _____

Name: _____
First M.I. Last

Street Address: _____

City, St, Zip: _____

Primary Phone: _____

E-Mail Address: _____

Person to Notify in Case of Emergency

Name: _____

Street Address: _____

City, St, Zip: _____

Primary Phone: _____

E-Mail Address: _____

History and Training Experience

Current Employer: _____

Dates of Employment: _____

Previous Employer: _____

Dates of Employment: _____

Previous Volunteer Work: _____

Reference: _____ Relationship: _____

General

Are you at least 18 years old? ☐ Yes ☐ No Date of Birth: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Special needs or accommodations needed? ☐ Yes ☐ No If yes, please specify:

Reason for Volunteering

<input type="checkbox"/> Deferred Prosecution	List Referral Source: _____
Hours Needed: _____	
<input type="checkbox"/> Community Service	List Referral Source: _____
Hours Needed: _____	
<input type="checkbox"/> School Requirement	List Referral Source: _____
Hours Needed: _____	
<input type="checkbox"/> Other-please specify: _____	

Availability

Please enter hours you are available during the week

Sunday	_____
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Start Date: _____	End Date: _____

Statement of Understanding

I understand that this application form is not an offer for employment and that my service may only be for a limited period of time. This is not an employment contract and does not alter any employees' at-will employment status. I understand that I will not be compensated by any financial means for my services to Goodwill Industries of SCWI, Inc.

As a condition of volunteering, I give permission for Goodwill Industries of SCWI, Inc. to conduct a background check(s) on me, which may include a review of criminal history records, sex offender registries, employment verification, educational/work/personal references and driving record.

I hereby release Goodwill Industries of SCWI, Inc. and their agents and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the request for or releases of the above mentioned or reports.

I hereby swear and attest that all the information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Goodwill Industries of SCWI, Inc. may end the relations immediately if I have made any false statements or material misrepresentations, written or verbal.

Signature: _____ Date: _____

*Our mission is to build better communities
by providing opportunities for people with disabilities or other challenges*