

STORE #

VOLUNTEER APPLICATION

Thank you for considering Goodwill Industries of Central NC, Inc. as the beneficiary of your time and talents. Please fill out this application so that we might utilize your skills and abilities to our mutual advantage. DATE: _____

Name _____ Phone (____) _____ - _____ Birthdate _____
Address _____ City _____ State _____ Zip Code _____

Location Preference? _____

E-MAIL _____

Do any of your relatives work for Goodwill? YES NO

Name(s) _____

Have you been convicted of a felony? YES NO

Please explain the nature of the felony, date, & state of conviction.

Volunteer Work Preferred _____ Date Available to Start _____

What skills/training do you wish to utilize at Goodwill? _____

ARE YOU VOLUNTEERING FOR A ONE-TIME EVENT? YES NO IF YES, WHAT EVENT?

HOURS AVAILABLE TO VOLUNTEER: (PLEASE FILL IN ALL TIMES THAT APPLY)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

VOLUNTEER HISTORY:

1) ORGANIZATION NAME _____

PHONE NUMBER (____) _____ - _____ YEARS INVOLVED _____

YOUR RESPONSIBILITIES _____

WORK HISTORY

1) ORGANIZATION NAME _____

PHONE NUMBER (____) _____ - _____ YEARS EMPLOYED _____

YOUR RESPONSIBILITIES _____

PROFESSIONAL REFERENCES:

1) NAME _____ RELATIONSHIP _____

PHONE NUMBER (____) _____ - _____ YEARS ACQUAINTED _____

2) NAME _____ RELATIONSHIP _____

PHONE NUMBER (____) _____ - _____ YEARS ACQUAINTED _____

PERSONAL REFERENCES:

1) NAME _____ RELATIONSHIP _____

PHONE NUMBER (____) _____ - _____ YEARS ACQUAINTED _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

HOME PHONE NUMBER (____) _____ - _____ WORK PHONE NUMBER (____) _____ - _____

DO YOU HAVE ANY MEDICAL CONDITIONS/ LIMITATIONS WE NEED TO BE AWARE OF ?

ARE YOU CURRENTLY TAKING MEDICATION? IF SO, WHAT? _____

HOW DID YOU HEAR ABOUT THE OPPORTUNITIES GOODWILL HAS TO OFFER? CHECK ALL THAT APPLY.

- Employee of Goodwill (Which Employee?) _____
- School (Which School?) _____
- Newspaper (Which Newspaper?) _____
- Website (Which website?) _____
- Other? _____

AGREEMENT- PLEASE READ CAREFULLY

As a Goodwill Volunteer, I will help Goodwill achieve its mission to improve the community by improving the lives of its people through services, partnerships, collaborations, and the responsible use of community resources.

All information provided by me in support of my application for a Volunteer opportunity is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or for subsequent dismissal if I am to Volunteer.

By signing this Volunteer application, Goodwill Industries of Central NC, Inc. is authorized to perform a background check on the applicant, as well as authorizing the interviewer to contact the two references.

As a Volunteer, I may have access to privileged information and I understand the need to keep that information confidential. It is my personal choice to volunteer at Goodwill Industries of Central NC, Inc. and I understand that I will not be paid while volunteering.

Applicant's Signature

Date

Please be advised that all information will be kept confidential. Upon receipt of this application, our office will contact you to discuss the status of your application. Please allow 3-4 business days for your application to be processed. If you have questions or require further information, please contact the Volunteer Coordinator at Goodwill Industries of Central NC, Inc.

RETURN VOLUNTEER APPLICATION TO:

Goodwill Industries of Central North Carolina, Inc
Attn: Volunteer Coordinator
1235 S. Eugene Street Greensboro, NC 27406
Phone: (336) 275-9801 • Fax: (336) 274-1352

GOODWILL INDUSTRIES VOLUNTEER PROGRAM

GOODWILL INDUSTRIES OF CENTRAL NC, INC. AND VOLUNTEER AGREEMENT COMMUNITY-BASED VOLUNTEER PROGRAM

NON-BINDING STATEMENT OF UNDERSTANDING

Goodwill Industries and (Volunteer) _____

PURPOSE: Goodwill encourages maximum involvement of volunteers. This involvement promotes good agency/community relations and allows us to enhance our retail programs.

Most services provided by volunteers do not require special skills. A staff member will provide training and guidance, and will answer your questions. In making assignments to specific duties within Goodwill Industries, we are asking you to share your abilities to assist us where you are needed the most.

Feel free to discuss any concerns you may have about the volunteer program with the volunteer coordinator. We hope that you will benefit from your volunteer experience. We welcome you as a member of the growing community of individuals whose lives have been enriched by Goodwill's efforts to help others.

Whether you are serving as an individual volunteer or as part of a small group, you provide valuable assistance to Goodwill. As you contribute your talent, time, and energy, we hope you know that your assistance benefits the needs of the entire community.

VOLUNTEER RESPONSIBILITIES: We ask that our volunteers:

- Be sincere in your offer of service and believe in the value of the job to be done.
- Be willing to learn.
- Be willing to participate in orientation and training.
- Work to understand the function of the staff and maintain a smooth working relationship with them.
- Stay within the bounds of volunteer responsibility.
- Accept the guidance and decisions of the volunteer coordinator and/or store management.
- Maintain the dignity and integrity of community service with the public.
- Carry out your assigned duties promptly and reliably.

LIABILITY: All accidents must be reported immediately to the manager on duty or to the volunteer coordinator. Goodwill does not provide insurance coverage for volunteers. In the event of an accident the volunteer is responsible for obtaining and paying for treatment.

SHOPPING POLICY: Volunteer shopping at Goodwill's stores is allowed before or after a volunteer's scheduled service time but not at the place of volunteering, and not while working. Shopping during breaks or lunch is also NOT allowed for retail store volunteers. Volunteers are prohibited from selecting/holding items for anyone to purchase from the production areas, donation centers or any area other than the sales floor.

TIME: Days and hours will be agreed upon by the volunteer and the volunteer coordinator.

VOLUNTEER STATUS: This statement of understanding is not an offer of employment or a promise of future employment. Individuals participating in the Goodwill Industries of the Central North Carolina, Inc. Volunteer Program are considered to be volunteers and therefore, not entitled to any form of compensation or employer funded benefit programs.

WORK SITES: The Volunteer Coordinator and the volunteer will agree upon the exact type of service to be performed and location of the work site location.

EMPLOYMENT: Goodwill Industries of Central North Carolina, Inc. is under no obligation to hire any volunteer participating in the program.

I, the undersigned, agree to abide by the statements listed above. By signing this agreement, I state that I have received instructions in full understanding of my duties as a volunteer. I understand that this agreement may be cancelled by either party upon notice to the other.

VOLUNTEER INFORMATION:

Printed Name

Address

City, State, Zip Code

Phone

Date

REQUIRED SIGNATURES:

Volunteer Signature

Store Manager Signature

Site Address

Volunteer Coordinator Signature

Date

****For Office Use Only****

Special Notes:



**Goodwill Industries of
Central North Carolina, Inc.
Volunteer Program**

**Volunteer Confidentiality
and Fraternization Agreement**

All volunteers must read, agree to, and sign this form prior to starting their volunteer placement with Goodwill Industries of Central North Carolina.

I, as a volunteer of Goodwill Industries of Central NC, Inc., agree to the following:

1. I understand that as a volunteer with Goodwill, I may not fraternize (associate on intimate terms) with any Goodwill staff or program participants on or off premises.
2. I understand that in the course of my volunteer work for Goodwill I may learn certain personal and confidential facts about the staff and program participants of Goodwill. Examples of such information are medical conditions, disability, finances, living arrangements, etc. I understand that all such information must be treated as completely confidential. Any identifying information including descriptions of the person's circumstance or situation is also confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Goodwill without the specific consent of the individual to whom such information pertains.
3. I understand that I am permitted to speak about Goodwill program participants with my supervisor for the purposes of consultation.
4. I understand that all written information is the property of Goodwill Industries. Any notes of a confidential nature must be kept in locked place under the supervision of my immediate supervisor.

I agree to abide by the terms outlined above both during and after my time as a volunteer with Goodwill Industries of Central NC, Inc.

Printed Name _____

Signature _____

Date _____