



# Goodwill Industries of Akron Community Service Volunteer Application

Please make sure that all items are completed.

**General Information:**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

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

Complete Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male Female

Previous Residences: Include City, State, County

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_ No \_\_\_\_

(Other than a minor traffic violation)

If yes, please provide date(s) & details for all convictions, regardless of how much time has passed \_\_\_\_\_

*Answering "yes" to this question will not necessarily bar you from an opportunity to complete community service with Goodwill.*

Name of Court \_\_\_\_\_ Number of hours needed \_\_\_\_\_

Case Number \_\_\_\_\_ Deadline \_\_\_\_\_

Last 4 SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Last 4, full Social Security # will be needed for BR check, see page 4)

**It is required that a copy of your court ordered community service document is returned with this application. Any applications returned without it will not be processed.**

I have included a copy of my court ordered community service. **Yes** \_\_\_\_ **No** \_\_\_\_  
(Application will not be processed until court documents are received)

Date(s) available to volunteer \_\_\_\_\_

Times available to volunteer: *Please see reasonable time frames on third page.*

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

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

<input type="checkbox"/> Akron Store 570 E Waterloo Road.	<input type="checkbox"/> Ashland Store 1611 Claremont	<input type="checkbox"/> Brunswick Store 1733 Pearl Road
<input type="checkbox"/> Northfield 10333 Northfield Road	<input type="checkbox"/> Kent/Ravenna Store 2528 State Rt. 59	<input type="checkbox"/> Lakemore Store 1500 Canton Road
<input type="checkbox"/> Ontario Store (Richland County) 2154 W. Fourth St.	<input type="checkbox"/> Medina Store 3500 Medina Road	<input type="checkbox"/> Outlet Store 1400 S Arlington Road 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"/> Twinsburg Store 10735 Ravenna Road	<input type="checkbox"/> Wadsworth Store 170 Great Oaks Trail	<input type="checkbox"/> Lexington Mall (Richland County) 1280 Lexington Avenue, Mansfield

Do you have any relatives currently working for Goodwill? Yes\_\_\_\_ No\_\_\_\_

If yes, please list their name(s) \_\_\_\_\_

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes\_\_\_\_ No\_\_\_\_ If no, please explain\_\_\_\_\_

Education: Circle last year completed: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4  
Other\_\_\_\_\_

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\_\_\_\_

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

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

Please list the person to contact in case of emergency:

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

Address\_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please list two references (non-family members):

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

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

Please list name of probation/community service officer handling your case:

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

Email Address \_\_\_\_\_

Goodwill Industries of Akron takes pride in providing a quality opportunity for court ordered community 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 Community Service Volunteer Application and court order**
2. Photocopy of your driver's license (if performing driving duties)
3. Photocopy of your automobile liability insurance coverage (if performing driving duties)
4. **Agree to a background check (18 years of age or older)**
5. **Signature of Acknowledgement on 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 for community 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 the community service volunteer program, whenever it is discovered.

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

*I agree to a comprehensive, investigative background check before, or during my volunteer community service if I am 18 years of age or older. If under age 18, please fill out Youth Volunteer Application.*

In addition to the above understandings:

- *I understand that one of Goodwill Industries of Akron's volunteer goals is to help me complete my court ordered community service hours. Due to the volume of calls that Goodwill receives, I further understand I will work towards completing my hours in a reasonable timeframe and should I not, my services will be terminated.*

**REASONABLE TIMEFRAME INCLUDES:**

- 10-19 hours or less to be completed within 14 days of placement
- 20-39 hours to be completed within 30 days or less of placement
- 40-69 hours to be completed within 60 days or less of placement
- 70-99 hours to be completed within 90 days or less of placement
- 100-149 hours to be completed within 120 days of placement
- I understand that it is my responsibility to meet any stipulations set forth by the court, such as serving hours in a certain county, calculating my due date and notifying the volunteer coordinator when hours are complete. I also understand that when I notify GWI staff that my hours are complete, I may have to wait 1-2 business days before my letter is prepared.

Community Service Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the application fully and fax, mail or e-mail to Goodwill Industries and you will be contacted.**

**Completed applications do not guarantee that an opportunity exists.**

**You must include a copy of your court order with this application.**

**Goodwill Industries of Akron**

**ATTN: Volunteer Services, Heather Schaefer**

570 E. Waterloo Road

Akron, Ohio 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.**