



# Student Volunteer Application

## Contact Information

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

Name: \_\_\_\_\_  
First M.I. Last

Street Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

## General

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

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

## Availability

Volunteer Interest:  Group Home  Supported Employment

Please list your availability:

Monday \_\_\_\_\_ Thursday \_\_\_\_\_ Saturday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Friday \_\_\_\_\_ Sunday \_\_\_\_\_  
Wednesday \_\_\_\_\_

## 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: \_\_\_\_\_