

## APPLICATION AND PERMISSION FOR VOLUNTEER SERVICE

Name			Date			
Address		City	State	Zip		
County	_ Phone	Email				
Dates/times available to voluntee	er					
Area(s) of interest (check all tha	t apply)					
☐ Professional mentor		☐ Legal counseling		☐ Financial counseling		
☐ Housing counseling		☐ Spiritual counseling		☐ Mock interviewer		
□ Tutor	☐ Public Speaking Bureau			☐ Social media & blog writer		
How did you hear about voluntee						
List any of your skills/training yo	u would conside	r beneficial to Goodwill participants.				
Do you volunteer at other organiz	zations? If so, wh	nere and in what capacity?				

Goodwill Industries of Kentucky helps people with disabilities or other disadvantages achieve and maintain employment to gain a better quality of life.

## **Background Screening Report Authorization**

In connection with your application, this notice is provided to inform you that a background screening report as defined by the Fair Credit Reporting Act may be obtained from a consumer reporting agency. The report may also contain information about any criminal history. You have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Goodwill also reserves the right to share such reports with a third-party with whom you will be placed to volunteer as a representative of Goodwill, if applicable.

## **Acknowledgement and Authorization**

You hereby authorize, without reservation, the obtaining of a "consumer report." You also confirm your understanding and provide consent for this report to be shared with a third-party with whom you will be placed to volunteer as a representative of Goodwill, if applicable.

Print name			Da	ate	
Signature	ımber				
Current home address					
City	State	Zip			
How long have you lived at current address?		_ Date of bir	rth		
Driver's license number		_ State			
Have you ever been convicted of a crime of	other than a minor traf	fic offense?	☐ Yes	□ No	
If yes, provide explanation below:					
Year of offense					
County offense was committed					
City offense was committed	<del></del>				
Emergency Contact					
Name					
Address					
Phone(s)					
References (non-family members)					
Name	Phone	!			
Name					
Namo	Dhone				

Goodwill Industries of Kentucky takes pride in providing a quality volunteer program. In order to assure the safety and well-being of all involved, all volunteers must have on file in the Goodwill office:

- · Complete volunteer application
- · Signed background screening agreement
- · Signed volunteer service acknowledgement and release of liability
- · Photographic material and information consent and release

I certify that all information I have provided Goodwill is true, complete, and accurate. I authorize, without reservation, Goodwill, its representatives, employees, or agents to contact and obtain information from all references and to 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 the 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 background check before starting my volunteer service.

Signature	Date	1

Goodwill Industries of Kentucky Volunteer Services 1325 S. 4th St. Louisville, KY 40208 Martha Stephenson martha.stephenson@goodwillky.org