



Goodwill Industries of Southwest Florida
Volunteer Form (FOR
MINORS AGES 16 - 17)

PLEASE FILL OUT ALL BLANKS ON ALL PAGES. PLEASE PRINT CLEARLY!

PRINTED Name:	Last Name, First Name Middle Name				
Street Address, City, State, and Zip:	PLEASE PRINT				
Phone:					
Did a court or lawyer order or suggest this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many hours do you need to complete?		
Other:	Have you served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	Age (must be 16 to volunteer):	County	Ethnicity (optional)
Medical conditions?	Do you have any physical or psychological limitations or disabilities which might keep you from participating in any area of the Volunteer Program (e.g., heart condition, back injury, allergies, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please explain:</u>				
Pursuant to the Americans with Disabilities Act, do you require special aides or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No What service, aide, or adjustment do you need?				
Emergency contact name: _____ Phone: _____					
At which location do you want to volunteer? _____					
List any friends, relatives, or roommates working or volunteering at this location. _____					
PROGRAM? If your volunteer time is for a Program or School requirement, please complete this section.	School Name: _____ <input type="checkbox"/> GOODWILL Program Name: _____ <input type="checkbox"/> Rental Assistance <input type="checkbox"/> AARP <input type="checkbox"/> Career Source Southwest Florida <input type="checkbox"/> GRADUATION requirement <input type="checkbox"/> Destination Graduation/McCoy <input type="checkbox"/> High School/High Tech Program <input type="checkbox"/> Work Experience High School Program <input type="checkbox"/> To give back to my community <input type="checkbox"/> Other: _____				

Availability: Please mark time periods you are available to volunteer.	Weekdays: ___Mornings ___Afternoons ___Evenings Weekends: ___Mornings ___Afternoons ___Evenings
Have you been convicted of any crimes?	___Yes ___No Please explain your conviction and list the year:

Policies and Agreements:

All individuals are considered for volunteer service and are treated equally without regard to race, religion, national origin, disability, gender, sexual orientation, or age.

Initial YOU MUST START YOUR VOLUNTEER TIME WITHIN 30 DAYS OF RECEIVING NOTICE FROM GOODWILL THAT YOU ARE AUTHORIZED TO VOLUNTEER. YOU MUST VOLUNTEER AT LEAST ONCE A MONTH TO MAINTAIN ACTIVE VOLUNTEER STATUS.

By my signature, I further understand and acknowledge that:

- I understand that I am NOT allowed to access any computer, until permission is given.
- I certify that all information in this form is true and complete.
- I give any organization involved with Goodwill permission to photograph me and use these photographs/videotapes for publicity purposes, unless written notice is received to the contrary.
- Goodwill reserves the right to terminate my volunteer status at any time as a result of (a) failure to comply with organizational policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the Volunteer Coordinator, would make my continued service as a volunteer not in the best interest of Goodwill Industries of Southwest Florida, Inc.

_____ Date _____
Volunteer Signature

_____ Date _____
Goodwill Volunteer Coordinator's Signature

_____ Date _____
Parent / Guardian Signature

Return Completed Forms To:

Court Ordered Community Service:

Luz Rincon, Human Resources
 Goodwill Industries of Southwest Florida
 5100 Tice Street Fort Myers, FL 33905
 Office: (239) 995-2106, Ext. 2220
 Fax: (239) 652-1654

All Other Volunteers:

Maritza Resa, Human Resources
 Goodwill Industries of Southwest Florida
 5100 Tice Street Fort Myers, FL 33905
 Office: (239) 995-2106, Ext. 2276
 Fax: (239) 652-1654

Thank you again for your generous donation of time and for choosing to support your community through Goodwill!!

VOLUNTEER BACKGROUND AUTHORIZATION FORM

Location: _____

Applicant:

1. I authorize Goodwill Industries of Southwest Florida, Inc., herein referred to as the "Company", to conduct a background investigation and to obtain information about me from appropriate credit reporting agencies; consumer reporting agencies; present and previous employers; and/or educational institutions. This includes information regarding employment, employment contracts, legal residency status in the United States, validity of social security number, personal references, education, criminal records, illegal drug use, drug and alcohol test results and any of the information I have disclosed on my application and/or any attachments, exhibits or resumes. Furthermore, the Company may contact others who may be able to provide information as to my background, character and general reputation. I hereby affirm that my answers to all questions on my application, this data sheet, any attachments, and/or resumes are true and correct. I affirm that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application. 2. A copy of this authorization form may be accepted as the equivalent of the original. 3. By signing below, I acknowledge I understand the purpose of this authorization form and its intended use.

To Whom It May Concern:

1. The undersigned applicant has hereby applied for employment or as a volunteer with the Company. You are hereby authorized to release any information required by the Company to complete the processing of their employment or consideration as a volunteer. Necessary information may include, but not be limited to, any or all of the following: present and/or previous employment and/or employment contracts, legal residency status in the United States, validity of social security number, personal references, education, criminal records, illegal drug use, drug and alcohol test results, credit report and any of the information they have disclosed on their application, any attachments, exhibits and/or resumes. 2. A copy of this authorization form may be accepted as the equivalent of the original. 3. Your prompt reply will help expedite the Company's review process.

Volunteer / Applicant Information

PRINT FULL LEGAL NAME

Last: _____, First: _____ Middle: _____

Signature: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Phone Number: _____

Date of Birth: _____ Sex (circle one): Male Female

E-mail Address: _____

PLEASE PRINT LEGIBLY AND ANSWER ALL SECTIONS TO AVOID DELAYS

NOTICE AND ACKNOWLEDGMENT

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT
NOTICE REGARDING BACKGROUND INVESTIGATION**

_____ may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Global HR Research 9350 Market Place Rd, Suite 301 Ft Myers, FL

33912 Office: (239) 274-0048, Toll Free: 1-800-790-1205 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Global HR Research directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Global HR Research, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

DATE

PRINT NAME

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

_____ Date of Birth
(For Background Purposes Only)

Current Address:

Legal Guardian / Parental Information

I, _____ (Legal Guardian/Parent), take on responsibility to represent the above juvenile applicant as his/her _____ (relationship). By signing below, I consent for the employer and consumer reporting agency to obtain information for a consumer report for the juvenile listed above.

Print Legal Guardian / Parent Name
Date

Legal Guardian / Parent Signature

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Washington, DC 20219 800-613-6743
Compliance Management, Mail Stop 6-6	Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.
Volunteer Program Information

Thank you for your interest in volunteering at Goodwill! Volunteers are vital to our organization. Thank you for supporting our mission!

What you'll be doing:

You will most likely be volunteering in a store or in the warehouse. You may perform a variety of task such as:

- Sorting and hanging clothing
- Keeping the store clean (including restrooms)
- Re-stocking racks and shelves
- Sorting donations
- Other tasks which may be needed for the day

Skills you need:

Volunteering at Goodwill will include physical labor. You need to be able to:

- Follow directions and accept supervision
- Stand for long periods of time
- Move independently. To stoop, bend, kneel, push, and pull.
- Perform repetitive tasks
- Be polite and professional
- Follow safety rules

If you will have trouble doing any of these things, please talk to your Volunteer Coordinator before volunteering at the store.

Time Commitment / Time Sheets:

A minimum of 3 – 4 hours per visit is recommended.

If you need to track your hours, time sheets are your responsibility! You need to keep your time sheet. Make sure the Manager on Duty signs your time sheet each day you come in to volunteer. We cannot write a letter verifying your community service / volunteer time without the signed time sheet.

Dress Code:

As a volunteer, you represent Goodwill, and we want you to be safe. Please follow the dress code.

- No tank tops.
- No shorts.
- No blue jeans or denim.
- No open toed shoes. Sandal and flip flops are not allowed.
- Sneakers or any tied shoe are strongly recommended.
- Wear a plain, solid colored shirt with minimal advertising or logos. (Clothing with vulgar pictures or words are not allowed.)
- Please wear long slacks. Any solid color is acceptable. Women may wear capris.

Other Important Items:

- Cell phones. Cell phones are not allowed in our stores for employees or volunteers. Give your family members the store phone number in case they need to contact you in the event of an emergency. If you choose to leave your cell phone in your car, be sure to lock your car. You may check your phone on breaks. If you are volunteering for an extended time period, you can bring a lock and ask the manager to assign you a locker for your personal items.
- Worker's Compensation. If you are on a Worker's Compensation leave from your employer, you may not volunteer.