



GOALS Application for Volunteers

It is the intent of GOALS to provide equal volunteer opportunity in conformance with all state, federal, or local law. Applicants will be considered without regard to race, religion, creed, color, gender, national origin, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, local law, ordinance or regulation.

Please carefully read and answer all the questions. Use a pen only. You will **NOT** be considered for volunteering if the application is not completed in entirety. If a question does not apply to you, please indicate it with N/A.

PERSONAL INFORMATION					
FIRST NAME		LAST NAME		MIDDLE INITIAL	DATE
STREET ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL PHONE NUMBER		EMAIL	
DATE OF BIRTH		SOCIAL SECURITY		DRIVER LICENSE NUMBER	
If hired, do you have a reliable means of transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY					
PLEASE INDICATE THE TIMES AVAILABLE FOR EACH DAY LISTED	MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
EARLIEST DATE AVAILABLE			DO YOU HAVE ANY OTHER COMMITMENTS (IE. SCHOOL, 2ND JOB, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE EXPLAIN					
EDUCATION					
CURRENTLY ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL		# OF COLLEGE CREDITS	DEGREE (CHECK ALL THAT APPLY) <input type="checkbox"/> HIGH SCHOOL/GED <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> DOCTORATE	
DEGREE WORKING ON			MAJOR		
EMERGENCY CONTACT					
FIRST NAME		LAST NAME		RELATIONSHIP	
STREET ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL PHONE NUMBER		EMAIL	
INTEREST, SKILLS, & EXPERIENCE					
PLEASE CIRCLE ALL INTERESTS THAT APPLY	<u>ATHLETICS</u> Hockey Soccer Basketball Dodgeball	<u>LEARNING</u> Teaching Tutoring Mentoring	<u>SERVICE</u> Comm. Revitalization Facility Maintenance Ind. w/ Disabilities Nature Centers & Parks	<u>FUNDRAISING</u> Projects Events Grant Writing	<u>OTHER</u> Administration Computer Work Repairs Equipment

PLEASE IDENTIFY ANY OTHER INTERESTED OR HOBBIES NOT IDENTIFIED ABOVE

PLEASE IDENTIFY ANY EXTRA-CURRICULAR ACTIVITIES YOU'RE INVOLVED IN (ACADEMIC, ATHLETIC, VOLUNTEER, ETC)

DO YOU SPEAK OTHER LANGUAGES ASIDE FROM ENGLISH?
☐ YES ☐ NO

IF YES, PLEASE LIST ALL LANGUAGES AND LEVEL OF EXPERIENCE (I.E. FLUENT, INTERMEDIATE, BEGINNER)

ARE YOU CPR & FIRST AID CERTIFIED?
☐ YES ☐ NO

DO YOU HAVE ANY OTHER CERTIFICATIONS?
☐ YES ☐ NO

IF YES, PLEASE LIST CERTIFICATIONS

PLEASE LIST ANY OTHER RELATED INTERESTS, SKILLS, AND/OR EXPERIENCES THAT ARE RELEVANT TO THE POSITION

WORK HISTORY

HAVE YOU EVER BEEN EMPLOYED BY GOALS?
☐ YES ☐ NO

IF SO, WHEN?

IF SO, WHAT SITE?

DO YOU HAVE ANY RELATIVES OR AQUAINTANCES EMPLOYED BY GOALS
☐ YES ☐ NO

IF SO, GIVE NAMES?

JOB TITLE #1

COMPANY

STREET ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR NAME

PHONE NUMBER

EMAIL

DUTIES

REASON FOR LEAVING

START DATE

END DATE

JOB TITLE #2

COMPANY

STREET ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR NAME

PHONE NUMBER

EMAIL

DUTIES

REASON FOR LEAVING

START DATE

END DATE

JOB TITLE #3

COMPANY

STREET ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR NAME

PHONE NUMBER

EMAIL

DUTIES

REASON FOR LEAVING

START DATE

END DATE

REFERENCES

REFERENCE #1 (NAME)

COMPANY

AMOUNT OF YEARS KNOWN

RELATIONSHIP	PHONE NUMBER	EMAIL
REFERENCE #2 (NAME)	COMPANY	AMOUNT OF YEARS KNOWN
RELATIONSHIP	PHONE NUMBER	EMAIL
REFERENCE #3 (NAME)	COMPANY	AMOUNT OF YEARS KNOWN
RELATIONSHIP	PHONE NUMBER	EMAIL
VOLUNTEER SERVICE		
VOLUNTEER BASED ON COURSE REQUIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN	
HOURS REQUIRED	START DATE	END DATE

I certify that the answers that I've given in this Application for volunteering are true and complete to the best of my knowledge. I understand that if I am selected for volunteering, false statements, omissions, or misrepresentations may result in my dismissal. I authorize GOALS to make an investigation of any of the facts set forth in this application. GOALS may contact any of the references listed in this application. I authorize my references and previous employers to give information regarding my performance, whether or not it is on their records, and I release them and their companies from any liability whatsoever. If I am granted the position, I acknowledge that I will need to pass a livescan background check and TB test prior to my placement within the organization. In addition, in the event of my future volunteer placement, I agree to abide by all present and subsequently issued GOALS policies and procedures.

Applicant Signature

Date

We appreciate your interest and the time you have taken to fill out this application. THANK YOU.

STAFF USE ONLY

GOALS STAFF RECEIVING APPLICATION	
APPLICANT POSITION	APPLICANT SITE