

Individual Volunteer Application Form

Applicant Information:

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

Start Date/Time: REQUIRED Birth Date: Email Address:

Emergency Contact Name, Number, Relationship:

Are you at least 16 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
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Are you required to volunteer to satisfy a school requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, by whom?		Hours:	Deadline:
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Are you required to volunteer to satisfy a court-order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, by whom?		Hours:	Deadline:
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If this is court-ordered, is this a first time offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please attach any court paperwork to your application form for review.			
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Please list charge(s). We do not accept charges of theft or assault.

If this is not your 1st offense, please list previous offenses with dates:

Please list as many dates and times that you will be able to volunteer:

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Strengths/Skills:

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References:

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Current Employment (If applicable):

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Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
May we contact your supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please mark the location(s) you would like to volunteer at:

<input type="checkbox"/> Washington, DC Retail Store 2200 South Dakota Ave. NE 202-715-2658	<input type="checkbox"/> Manassas, VA 8014 Sudley Road 703-551-3200	<input type="checkbox"/> Annandale Road ,VA 2936 Annandale Road 703-663-2762	<input type="checkbox"/> Herndon, VA 2421 Centreville Rd 571-346-1046
<input type="checkbox"/> Waldorf, MD 2495 Crain Highway, 301-861-5015	<input type="checkbox"/> Sterling, VA 22405 Enterprise St 703-444-5186	<input type="checkbox"/> Fairfax, VA 9960 Main Street 703-349-1806	<input type="checkbox"/> Dale City-VA 2950 Dale Boulevard 703-986-3976
	<input type="checkbox"/> Alexandria, VA 8228 Richmond Hwy 571-527-4434	<input type="checkbox"/> Annadale Plaza, VA 7031 Columbia Pike 703-286-5176	

If you are disabled or elderly:

Please list any special accommodations you may need?	
Please list any strengths or skills you may have:	
If you will have a job coach present please provide name and number:	

Demographic Information:

How did you hear about our volunteer program?		Married or Single (Optional):		Gender (M/F) (Optional):	
Would you be willing to become a part-time or full-time volunteer?		Ethnicity (Optional):			
Do you shop at Goodwill stores?		If you answered yes, which store do you shop at?			
Do you donate to Goodwill?		If you answered yes, which location do you donate to?			

Please fax, email, or mail back this application to:

LaShawn Williams- Volunteer Coordinator/Admin Asst.
Goodwill of Greater Washington
2200 South Dakota Avenue, NE
Washington DC 20018
202-715-2638 (direct line)
202-715-2611 (fax)

Lashawn.williams@dcbgoodwill.org (email) ~ www.DCGoodwill.org (website)