

Goodwill Industries of Greater Cleveland and East Central Ohio, Inc.
408 Ninth Street, SW
Canton, Ohio 44707-7799

GOODWILL VOLUNTEER APPLICATION

Date _____

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____ SSN _____
_____ Telephone _____

Position Desired _____

In Case of Emergency, Notify: Name _____
Address _____
Telephone _____ Relationship _____

Who referred you to Goodwill? _____

Professional Organizations, Hobbies, or Special Interests _____

EDUCATION

Circle Highest Grade Completed:

Grade School
1 2 3 4 5 6 7 8

High School
1 2 3 4

College
1 2 3 4

MEDICAL HISTORY

Name and Address of Personal Physician _____

EMPLOYMENT HISTORY

Present or Last Employer _____ City _____
Position Title _____

REFERENCES (Names and Phone Numbers of Two)

1. _____
2. _____

Signature

Guardian Signature