

ABVI-Goodwill Volunteer Application



Association for the Blind and Visually Impaired (ABVI)-
Goodwill Industries of Greater Rochester, Inc.

422 South Clinton Avenue
Rochester, NY 14620-1198

Phone:(585) 232-1111
Email: volunteer@abvi-goodwill.com
Web site: www.abvi-goodwill.org

~ Personal Information ~

Name: _____

Address: _____

City/State/Zip: _____

Application Date: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Employment History: _____

What organization(s) or club(s) do you belong to: _____

~ Education ~

High School: _____ Year Graduated: _____

College: _____ Year Graduated: _____

Other: _____

~ Driver Information ~

Do you have a current, valid driver's license? _____ State of Issuance: _____

Driver's License Number: _____

List any traffic violations within the past three years: _____

I understand that if I use my personal automobile in my volunteer service, I am required to keep in effect automobile liability insurance equal to the minimum limits required by New York State.

Signature: _____

~ Special Requests ~

Do you require accommodations such as Braille, large print, interpreter, etc.:

Would you like to receive our quarterly newsletter The Beacon? Yes No

In which format would you like to receive information? (Please check one)

Braille Tape E-mail Standard Mail

~ In Case Of Emergency ~

Person to contact: _____

Work: _____ Home: _____ Cell: _____

Relationship: _____

~ Availability ~

Please list which days you would like to volunteer: _____

Preferred time: _____

~ Volunteer History ~

List any volunteering activity you have done in the past: _____

Special Skills: _____

Special Interests: _____

~ Volunteer Service Preference ~

Skills you would like to contribute to ABVI-Goodwill: (check all that apply)

___ Driving/Transportation

___ Reading

___ Shopping

___ Vision Services

___ Data Entry/Filing

___ Special Events

___ Children's Programs

___ Community Outreach

___ Consumer Shoppe

___ Retail

Other: _____

~ References ~

ABVI-Goodwill is the only not-for-profit agency in the Greater Rochester area and Finger Lakes region assisting people who are blind or visually impaired. As such, we are inspected by the Commission on Accreditation of Rehabilitation Facilities (CARF), which requires professional references for each volunteer application. Please list three professional people who have known you longer than three years. (Do not include immediate relatives and close friends)

Name _____ Phone _____

Relationship _____

Address _____

Name _____ Phone _____

Relationship _____

Address _____

Name _____ Phone _____

Relationship _____

Address _____

Dear Applicant,

It is extremely important that all information requested is completed and accurate. With that, please see the reverse side for the PERMISSION TO PERFORM BACKGROUND CHECK form.

We cannot begin the application process until ALL paperwork is completed, dated and signed. Please return application and form to ABVI-Goodwill located at:

422 South Clinton Avenue
Rochester, NY 14620

If you have further questions please feel free to contact (585) 232-1111 or email volunteer@abvi-goodwill.com.

Thank you! We look forward to working with you.

***V*olunteers *M*ake the *D*ifference!!**

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow ABVI-Goodwill to perform a check of my background, including:

- Criminal record
- Driving record/Vehicle Inspection and Registration
- Past employment/volunteer history
- Educational/professional status
- Personal references

and other persons or sources as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for volunteer work.

I understand that information collected during this background check will be limited to that appropriate for determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

Also, I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described volunteer work and other information they deem appropriate.

Date: ____/____/____

Signed: _____

Print name: _____

