Volunteers/Community Development Program Participants
(Individuals Not Paid by Goodwill NCW)

(Adult Work Experience, Adult Community Service, W-2/FSET,
Youth Work Experience, Youth Community Service)

Please review the procedures listed below and complete the attached Volunteer/Program Participant Action Notice (VPAN) and the Volunteer/Community Development Program Participant Information form. The completed forms can be returned to the location that you would like to complete service hours.

VOLUNTEER/COMMUNITY DEVELOPMENT PROGRAM PARTICIPANT PROCEDURES

1) Once your paperwork has been completed and returned to a team leader at the Goodwill location, you will be scheduled for an on-boarding session that will take place on Tuesdays or Thursdays of each week.

2) Based on the information provided on the completed Volunteer/Program Participant Action Notice (VPAN), a background check will be completed. If there are any areas of concern with the background check, we will notify you prior to your scheduled on-boarding session. Please make sure to be completely honest when filling out all your information. If we find that it is not accurate we may not able to consider you for this program.

3) At on-boarding, you will be asked to set a schedule of when you will be completing your service hours. We prefer to schedule you in 4 hours blocks of time if at all possible.

4) We ask individuals to do a minimum of 20 hours of service hours at our locations (other than group-related volunteering where a chaperone will be provided). For individuals who need to do less than 20 hours of service, we recommend they contact another local non-profit in the community.

5) If you are unable to complete a scheduled shift, or will be late, please contact a team leader at the location in advance so they are aware that you will not be available. If no contact is made, you will not be allowed to do service hours at a Goodwill location.

6) All service hours will need to be scheduled within the first two weeks of on-boarding.

7) Program participants must be 14 years old to complete service hours while participants may volunteer at age 12 if accompanied by an adult.

8) Report to site at the scheduled time and follow directions. When you are finished with a project, please contact a Goodwill team leader.

9) If at any point you do not make contact with Goodwill within a 30 day time period, we will view this as you have completed doing service hours at that location.

10) Availability of hours will be based on the number of program participants completing service hours at a given time and available tasks to be performed.

11) After hours of service are completed, Goodwill will sign off on the appropriate forms and verifications will be provided to the individual.
VOLUNTEER/PROGRAM PARTICIPANT ACTION NOTICE (VPAN)

Volunteer/Community Development Program Participant Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security Number: - -</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>State:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>Gender: M □</td>
<td>F □</td>
</tr>
<tr>
<td>Race: White □</td>
<td>Asian □</td>
</tr>
</tbody>
</table>

For Civil Rights Compliance Plan reporting, please fill in the Gender, DOB and Race sections on the VPAN. Also, please be advised that your Social Security number will only be used for Goodwill’s internal reporting.

Background Check Information:

Do any of your relatives work for Goodwill? YES □ NO □ Name(s) ________________________________

Have you been convicted of a crime? YES □ NO □ If yes, please explain the nature of the crime, date, & state of conviction. ____________________________________________________________

By signing this form, Goodwill NCW is authorized to perform a background check on the volunteer/program participant.

Translator Certification:

I have assisted the above-named individual by explaining and/or translating the information in this form.

Translator’s Name (Printed) Translator’s Signature Date

Signatures:

Please Read Carefully:

All information provided by me in support of my application to complete service hours with Goodwill NCW is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I start my service hours with Goodwill NCW.

Volunteer/ Community Development Program Participant Signature Date

Goodwill NCW Location Use Only

Community Development Program Participants:

☐ Adult Community Service (Adults, 18 or older, who are court ordered to complete service hours)
☐ Adult Work Experience (Adults, 18 or older, who were referred by community agencies)
☐ Youth Community Service (Youths, 17 or younger, who are court ordered to complete service hours)
☐ Youth Work Experience (Youths 17 or younger, who were referred by community agencies)
☐ W-2 (Individuals who were referred by the Wisconsin Works Program)
☐ FSET (Individuals who were referred by the Food Stamps Program)

Program/Group Name ____________________________ Hours Required __________________________

Volunteers:

☐ Volunteer (Adults or youths volunteering independent from a group or agency)

Program/Group/School Name ____________________________ Hours Required __________________________

Reason For Completing Service Hours ____________________________

TM ID #: ______________________ Location: ______________________ Start Date: ______________________

Date e-mailed background check to the People Team: ______________________ Results of Background Check: ______________________
VOLUNTEER/COMMUNITY DEVELOPMENT PROGRAM PARTICIPANT INFORMATION

Name_________________________________________ Total Hours __________ Phone Number ________________

AGENCY/COURT CONTACT INFORMATION
Agency/Court Contact Person: __________________ Telephone Number (Contact Person): __________________
County: ___________________________________ Offense Committed: ______________________________________

AVAILABILITY (When scheduling service hours at a Goodwill location, we will work with you to find the dates/times that work best for you that also work with the location’s schedule)

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
</table>

Please list the hours you would like to be scheduled to complete your service hours

List upcoming dates that you will not be available to do service hours: _________________________________________

EMERGENCY CONTACT INFORMATION
Name____________________________________________ Relationship____________________________________
Home Phone Number (_______)_________-__________ Alternate Phone Number (_______)_________-__________

MEDICAL CONSENT
I authorize Goodwill NCW to provide first aid to me as may be necessary. I also give my permission to Goodwill NCW to have me transported to a local hospital for necessary medical treatment.

______________________________________________________________  ________________________________
Signature        Date
(Volunteer/ Community Development Program Participant/ Support Staff)

AGREEMENT OF PROCEDURES
I have read, understood, and agree to the rules and procedures mentioned. It is my personal choice to perform service hours at Goodwill NCW and I understand that I will not be paid while completing these service hours. I will ask a member of the Goodwill NCW leadership team if I have questions on the information/duties presented and will continue to ask throughout my time at Goodwill NCW.

______________________________________________________________  ________________________________
Signature        Date
(Volunteer/ Community Development Program Participant/Support Staff)

MINOR VOLUNTEER CONSENT (TO BE FILLED OUT BY THE MINOR’S PARENT/GUARDIAN)
I give my permission for ______________________________________ to volunteer at Goodwill NCW.
I understand that s/he:
• Will participate in an on-boarding prior to the beginning of their service hours.
• Will work out a weekly schedule of volunteer hours with a Goodwill NCW team leader (to also be checked with family schedules at home)
• Will be expected to be faithful in honoring his/her volunteer commitment.
• As the child’s parent/guardian, I give permission to Goodwill NCW to provide first aid to my son/daughter as may be necessary.
• Should s/he fail to comply with the guidelines or fail to keep a commitment without giving the Goodwill NCW location adequate advance notice, s/he will be on probation and we will have to re-evaluate his/her volunteer participation with a Goodwill NCW team leader.

______________________________________________________________  ________________________________
Parent/Guardian Signature        Relationship to Minor        Date

TRANSLATOR CERTIFICATION
I attest that I have assisted the above-named individual by explaining and/or translating the information in this form.

______________________________________________________________  ________________________________
Signature (Translator)        Date