

MANDATED COMMUNITY SERVICE
VOLUNTEER AGREEMENT

NAME (FIRST) _____ (LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NO. _____ ALTERNATE PHONE NO. _____

E-MAIL ADDRESS _____

Welcome to Goodwill Industries of Fort Worth Mandated Community Service Volunteer Program. We look forward to working with you as we put people to work with disabilities and special needs.

DO YOU HAVE A RELATIVE OR AQUAINTANCE WHO WORKS FOR GOODWILL? IF YES, PLEASE LIST NAMES:

ARE YOU AGE 16 AND OVER? Please indicate _____ YES _____ NO

STATE THE OFFENSE(S) WHICH REQUIRES MANDATED COMMUNITY SERVICE:

REQUIRED NUMBER OF TOTAL HOURS: _____

CURRENT PROFESSION/JOB: _____

_____ COMPLETION LETTER TO BE MAILED TO ADDRESS ABOVE.

_____ COMPLETION LETTER TO BE PICKED UP AT PLACE WORKED.

PLEASE LIST 3 LOCATIONS WHERE YOU WILL BE AVAILABLE TO SERVE MANDATED COMMUNITY SERVICE.

1. _____

2. _____ ***TO BE MODIFIED FOR INTERNET APPLICATION***

3. _____

OUR STORE LOCATIONS ARE: ARLINGTON--ARKANSAS LANE, ARLINGTON--COOPER STREET, BEDFORD, BURLESON, CAMPUS DRIVE, CLEBURNE, DENTON, HALTOM CITY, HULEN, HURST, RIVER OAKS, WATAUGA, WEATHERFORD, WHITE SETTLEMENT.

BY INITIALING AND DATING BELOW, I VERIFY THAT I HAVE READ, OR HAVE HAD READ TO ME, AND AM IN AGREEMENT WITH THE GOODWILL INDUSTRIES OF FORT WORTH MANDATED COMMUNITY SERVICE PROGRAM TERMS & AGREEMENT. I HEREBY CERTIFY THAT THE INFORMATION ON THIS AGREEMENT FORM IS TRUE AND CORRECT. I ALSO CERTIFY THAT I FULLY UNDERSTAND WHAT IS BEING REQUESTED OF ME AND THAT IF I VIOLATE ANY OF THE GUIDELINES SET FORTH, I MAY BE ASKED TO LEAVE.

COMMUNITY SERVICE VOLUNTEER INITIALS

DATE