



## Volunteer Application Form

**MISSION STATEMENT:**

*“Empower Individuals, Strengthen Families, Building Strong Communities”*

**MISSION SUPPORT STATEMENT**

***The Goodwill of South Mississippi volunteer program supports the mission by:***

- Providing the community with opportunities to become part of our mission and serve as ambassadors.
- Matching skills-based volunteers to opportunities within the Goodwill of South Mississippi organization.
- Bringing in individuals who can provide fresh insight and ideas to Goodwill staff and participants.
- Providing staff with experienced professionals who enable Goodwill to focus more on delivering services and business operations.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason for volunteering:**

	To gain work experience	Company volunteer program	Internship /School program
	To give back to the community	Court-Related Requirement	Other:
	As a hobby	Worker’s Compensation	
	Scholarship requirement	Benefits requirement	

**Which area(s) you are interested in volunteering:**

	Retail Store Greeter	Graphic Design	Language Translator
	Retail Sorter	Career Center Support	Computer Skills Assistant
	Intern/Continuing Education	Career Center Facilitator	Social Media
	Photographer/Videographer	Special Events	Street Team

**Volunteer Agreement and Release Form**

I am aware that volunteering with Goodwill Industries of South Mississippi, Inc. involves risks of personal injury, property damage and other risks associated with volunteer service. I understand that I will not be compensated for my services as a volunteer. I understand that Goodwill Industries of South Mississippi, Inc. is not responsible or liable for my personal effects and property and that they will not provide lock up or offer security for any items. By my signature, for



myself, my estate and heirs, I release discharge, indemnify and forever hold Goodwill Industries of South Mississippi, Inc., its employees and Board of Directors harmless from any claims and/or causes of action arising from participation as a volunteer and travel associated therewith. Mississippi Statutes excludes unpaid volunteers from our Worker's Compensation coverage. I understand that I will NOT be covered under Goodwill of South Mississippi Industries, Inc. Worker's Compensation insurance while performing as a volunteer. In the event that I am injured, I consent to administration of first aid and other medical treatment and agree to pay the costs of any such treatment. I understand that I am to abide by whatever policies, rules and regulations currently in effect a Goodwill Industries of South Mississippi, Inc. can end the volunteer relationship at any time without notice. I understand that any confidential information to which I have access is privileged and shall be held in strict confidence. Information will be shared with Goodwill Industries of South Mississippi, Inc., staff as necessary. I understand that any violation of the confidentiality of such information may result in termination of my partnership with Goodwill Industries of South Mississippi, Inc. I give any organization involved with Goodwill Industries of South Mississippi, Inc. permission to photograph me as it relates to my volunteer work. I understand that the organizations have permission to use these photographs/videotapes for publicity purposes. By signing, I acknowledge that I have carefully read and fully understand the information, and I am voluntarily signing this agreement between myself and Goodwill Industries of South Mississippi, Inc. of my own free act.

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**Volunteer Name (Printed)**

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**Volunteer Signature**

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**Date**