



VOLUNTEER APPLICATION

(Please attach resume if available)

Date: _____

Name: _____
(Last Name) (First Name)

Address: _____

Telephone: _____
(Home) (Business)

Present Employment: _____

Emergency Contact: Name: _____

Phone Number: _____

All volunteers must be at least 18 years of age.

Email form to events@goodwillsne.org

Print this form and bring it to the location where you would like to volunteer

Contact our Development Department at 203-777-2000 x228

**Goodwill of Southern New England
203-777-2000 | www.goodwillsne.org
432 Washington Avenue, North Haven, CT 06473**