



New Beginnings Thrift Shop

When hidden treasures are found, hope and healing begin

New Beginnings Thrift Shop is a ministry of
Kingswood United Methodist Church
401 W. Dundee Ave, Buffalo Grove, IL 60089

New Beginnings Thrift Shop
Application for Volunteer Job Skills Training Program
Equal Opportunity Employer

The New Beginnings Job Skills Program has been established to provide adults with special needs or other barriers, an opportunity to gain valuable employment skills through practical “hands on” training at the New Beginnings Thrift Shop. The goal of the job program will be for volunteer trainees to learn a set of vocational skills so that they will have more opportunity to become employable within the community setting. ***Please note: All job skill training opportunities are considered volunteer opportunities.***

If you are interested in applying for this program, please fill in the information below. If you have a resume, you may attach it to this application.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone number: _____

Cell phone number (if you have one): _____

Which telephone number would you like us to call you on?

- Home
- Cell phone

Education Information

Please select your highest education level.

- High School
- Technical School: What was your concentration? _____
- College: What did you major in? _____

Did you graduate?

- Yes

When did you graduate?

Month: _____

Year: _____

- No
- I am still attending

Employment/Volunteer History

Have you ever been involuntarily discharged, suspended, or fired from paid or volunteer employment in the last 5 years?

- Yes: Please explain the reason: _____
- No

Are you prevented from lawfully becoming a paid employee in this country because of Visa or Immigration Status?

- Yes
- No

Have you ever worked as a paid employee or volunteer in the community?

- Yes, I work(ed) for: _____
- No . You may skip the following questions and go to the **Skills Inventory** on Page 4.

Please enter the city and state where you worked for this employer.

City: _____ State: _____

When did you begin this job?

Month: _____ Year: _____

Are you still working/volunteering at this job?

Yes

No: When did you end this job? Month: _____ Year: _____

Why did you leave this job? _____

Please enter your job title and the duties you performed while working for this employer.

What job skills did you perform really well?

What was your favorite part about your job?

What did you find to be the most challenging or difficult part of your job?

What is/was the name of your supervisor? _____

If you are still working or volunteering for this job, may we contact your supervisor to talk about your job performance?

- Yes: What is the telephone number we should call? _____
- No

Skills Inventory

Please check the skills in which you can currently perform independently, with no help from anyone.

- Reading
- Writing
- Typing on a computer keyboard
- Taking pictures with a digital camera
- Ability to create complete sentences

Please check the skills in which you can currently perform, but might need some help or assistance to complete.

- Reading
- Writing
- Typing on a computer keyboard
- Taking pictures with a digital camera
- Ability to create complete sentences

Please list the help or assistance that you need to perform these skills successfully.

Please describe any other assistance you need to successfully meet your goals during your time at Kingswood UMC (i.e., ambulatory needs, bathroom needs, hearing needs, speaking needs, etc.).

Do you have a parent, guardian, or staff member that can be present during your job training hours who can assist you with these needs?

- Yes. Name: _____ Relationship: _____
- No

Job Training Program

Please check the *professional* goals you would like to work on during your time in the training program.

- Cleaning and repairing donations
- Researching prices for new products
- Photographing products
- Writing product descriptions
- Communicating with customers via email
- Uploading and adding pictures to web site
- Entering inventory and sales data into a database
- Interviewing skills
- Other: _____

Please check one *personal* goal you would like to work on during the training program.

- To work on social skills, such as communication, teamwork, making friends, etc.
 - To learn how to follow through on my responsibilities
 - To learn the appropriate things to say and do in a work or community setting
 - Other: _____
-

Are you available for job training on Monday evenings from 7-8:30 pm?

- Yes
- No. Which evening of the week are you available? _____

List the date that you can begin your job training: _____, 2013.

What type of transportation will you be using to get to Kingswood UMC on a weekly basis?

- I will drive myself
- A parent, guardian, friend, spouse will be driving me
- A staff person will be driving me
- I will be taking PACE public transportation
- Other, such as a cab, walking, etc: _____

Professional References

Please list 2 people who are ***not related*** to you but are familiar with your work or volunteering skills, motivation for finding employment in the community, and/or the strengths you can apply to a job.

Reference #1

Name: _____

Your relationship to this person: _____

Phone number to contact this person: _____

Reference #2

Name: _____

Your relationship to this person: _____

Phone number to contact this person: _____

Personal Reference

Please list one person who is familiar with you on a personal level. This person may be a friend, family member, case manager, teacher, counselor, etc., who has known you for over a year and knows your character and personality.

Name: _____

Your relationship to this person: _____

Phone number to contact this person: _____

Please read and sign the following Agreement. If you have difficulty reading or understanding this Agreement, please ask someone to read and explain it for you.

I certify that the answers given by me in this application are true and that I am not leaving any important information out. I agree that the Kingswood UMC shall not be liable in any respect if my volunteer position is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons name above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this training program. I understand and agree that the terms and conditions of my volunteer position may be changed, with or without cause and notice, at anytime by Kingswood UMC. I also understand and agree that as a condition of employment I must be able to perform the essential functions of any position I hold. I understand any offer of acceptance into this program may be contingent upon satisfactory references.

* Date:

* Signature:

This paragraph was explained to me in a language way I could understand by _____ on (date) _____, 2013.

Pledge of Good Attendance

I pledge to attend all my job skills training sessions on time. If I cannot attend a particular session, it is my responsibility to call my trainer's cell phone number at least 12 hours in advance. If I am running late, it is my responsibility to call my trainer's cell phone as soon as I am aware of the delay in arriving at Kingswood UMC. Excessive tardiness (being late every week) could result in termination from the program.

Date:

Signature:

Photo and/or Publicity Release

I (or my parent/guardian) recognize that my photograph may be taken in the course of my/his/her participation in the New Beginnings Thrift Shop Job Skills Program. I hereby grant my consent for the use of any such photographs, and/or use of my/his/her name in promoting the name and/or purpose of the Job Skills Program to the community.

Once signed, this photo permission/publicity release does not expire unless a request from the trainee or his/her legal guardian is received in writing.

Date: _____ Signature of trainee or legal guardian: _____

Please check ONE box: I DO give photo consent I DO NOT give photo consent

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www.newbeginningsthriftshop.org