

DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER
20 Dr. Marcus F. Wheatland Boulevard
Newport, RI 02840
(401) 846-4828

“People Helping People for a Better Community”

VOLUNTEER APPLICATION

Name: _____

Address: _____

City and State: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

How would you like us to contact you? ___by home phone ___ by business phone ___ by email

Please tell us about your background:

Please list your interests:

What hours are you available to volunteer?

What program would you prefer to volunteer in?

Feed a Friend Food Pantry (M-F 10am-2pm) _____

The Breakfast Program (M-F 8:30-9:30) _____ *The Lighthouse Academy* (K-5, 2-6pm) _____

The Teen Center (Gr.6-8, 2-6pm) _____ *The Teen Center* (Gr.9-12, 6:30-9:30pm) _____

Do you have any medical restrictions? ___No ___Yes If yes, please explain:

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE CENTER. SOMEONE
WILL GET IN TOUCH WITH YOU SOON.