

Dr. Martin Luther King, Jr. Community Center

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Newport, RI 02840

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VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SEX: MALE _____ FEMALE _____

EDUCATION:

HIGH SCHOOL/OR HIGHEST GRADE _____ DID YOU GRADUATE? _____

COLLEGE: _____ MAJOR: _____

If still in school, when will you graduate? _____ Are you going full time? _____ Part time? _____

WHAT JOB-RELATED SKILLS OR TRAINING DO YOU HAVE? _____

WHAT ARE YOUR HOBBIES OR INTERESTS? _____

DO YOU SPEAK ANY FOREIGN LANGUAGE? YES ___ NO ___ WHAT LANGUAGE? _____

WHAT IS YOUR CURRENT EMPLOYMENT STATUS? _____

IF EMPLOYED, WHAT TYPE OF WORK? _____

WHAT IS YOUR PAST VOLUNTEER EXPERIENCE? _____

HOW MANY HOURS DO YOU HAVE AVAILABLE FOR VOLUNTEER WORK PER WEEK? _____

DO YOU PREFER SPECIFIC DAYS AND TIMES? _____

HOW LONG WILL YOU BE AVAILABLE AND WHAT ARE THE LIMITS TO YOUR AVAILABILITY?

DO YOU HAVE ANY HEALTH OR OTHER LIMITATIONS WHICH MIGHT AFFECT YOUR WORK AS A VOLUNTEER?

WHAT TRANSPORTATION DO YOU HAVE? OWN CAR? _____ ON BUS LINE _____ OTHER _____

CAR REGISTRATION NUMBER: _____

IS THERE A PARTICULAR AGE GROUP YOU WOULD LIKE TO WORK WITH? _____

IS THERE A PARTICULAR SKILL YOU WOULD LIKE TO SHARE WITH OTHERS? _____

IS THERE A PARTICULAR PROGRAM IN WHICH YOU WOULD LIKE TO WORK?

FOOD PANTRY VOLUNTEER _____ DAY: _____ TIME: _____

HOLIDAY FOOD PANTRY VOLUNTEER _____

BREAKFAST PROGRAM _____ DAY: _____ TIME: _____

K-4 TUTORING _____ K-4 MENTORING _____

MIDDLE SCHOOL TUTORING _____ MIDDLE SCHOOL MENTORING _____

MIDDLE SCHOOL EXPLORATION PROGRAM _____ TYPE OF ACTIVITY _____

SUMMER CAMP ACTIVITY _____ TYPE OF ACTIVITY _____

CULTURAL EVENTS _____ GRANT WRITING _____

TRANSPORTATION _____

SPORTS _____

OFFICE WORK: _____ SKILLS: _____

DO NOT FILL IN BELOW THIS LINE, Dr. Martin Luther King, Jr. Community Center use only

COMMENTS: _____

PLACEMENT HISTORY

DATE ASSIGNMENT COMMENTS

INTERVIEWER _____

