



20 Dr. Marcus Wheatland Blvd.
Newport, RI 02840
Phone: 401-846-4828 * Fax: 401-848-7360
www.mlkccenter.org

Volunteer Application

Name: _____

Street Address: _____ Apt/Flr _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How do you prefer to be contacted? (check all that apply) home cell email

How did you hear about the Dr. Martin Luther King Jr. Community Center? _____

DOB: _____ Gender: male female

What is your highest level of completed education? _____

List other special training, skills or foreign languages: _____

Do you have any health or other limitations which might affect your work as a volunteer? yes no

If yes, please explain _____

Employer: _____ Occupation: _____

Volunteer Experience:

Organization

Volunteer service performed

1. _____

2. _____

3. _____

References: List 2 people other than relatives.

Name Relationship Phone #

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Do you have a valid driver's license? yes no Do you have your own transportation? yes no

If not, what transportation do you use? _____

Have you ever had any criminal charges or convictions other than minor traffic violations? yes no If yes, please explain: _____

Please list days and times that you are available for volunteering: _____

Why do you want to volunteer at the MLK Community Center? _____

Emergency contact: Name: _____ Phone: _____

Agreement and signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I agree to comply with all MLK Center policies, including, but not limited to protection of client privacy and confidentiality. I understand that for some MLK Center programs a thorough criminal background check is required, must be completed in a timely manner and will be my financial responsibility. I further understand that my acceptance into the volunteer program may be contingent upon satisfactory results of my criminal background check.

I hereby acknowledge that I have read and understand the above statements and voluntarily sign this agreement.

Signature

Date

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, gender, sexual orientation, ancestry, handicap or disability. No question on this form is intended to secure information to be used for such discrimination.

Thank you for completing this application form and for your interest in volunteering at the Dr. Martin Luther King Jr. Community Center.

Please refer to the Volunteer Opportunity Form for information on volunteer opportunities at the MLK Center.