



Martin Luther King Community Center  
 (317) 923-4581 · 40 W 40 St · Indianapolis, IN 46208  
[www.mlkcenterindy.org](http://www.mlkcenterindy.org)

## Volunteer Application

Volunteer  Internship  Service Learning  Community Service

**PERSONAL:**

Date:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you Employed:  Y  N

Employer: \_\_\_\_\_

Does your employer have an employee matching program:  Y  N

In case of emergency, whom may we contact? Name \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EDUCATION:**

Attending High School

Attending College

Technical/Trade School

High School Graduate

College Graduate

Name of School: \_\_\_\_\_

Degree(s)/Certification: \_\_\_\_\_

Subject/Major: \_\_\_\_\_

I would like to get credit:  Y  N

**VOLUNTEERING AT MLK CENTER – Please select the volunteer roles that interest you:**

Senior’s Program

Receptionist/Greeter

Landscaping

Youth Fall Break Camp

Fundraising

Maintenance

Youth After School

Marketing

Kitchen Help

Program \_\_\_\_\_

What skills do you have to offer: \_\_\_\_\_

Availability (days): \_\_\_\_\_

Monday

Tuesday

Wednesday

Thursday

Friday

Availability

Mornings

Afternoons

Evenings

(time): \_\_\_\_\_

How did you hear about volunteering at the MLK Center? \_\_\_\_\_

Tell us why you want to volunteer at the MLK Center \_\_\_\_\_

**ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION**

I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as a volunteer, and I understand that it would be a violation of policy to disclose such information to anyone without checking with the Executive Director.

Signature of Volunteer: \_\_\_\_\_

Please obtain a Limited Criminal History Search with the Indiana State Police :

<http://www.in.gov/ai/appfiles/isp-lch/>

**My Criminal History Check is attached.**