



# Hallie Q. Brown Community Center, Inc.

ADMINISTRATOR OF THE MARTIN LUTHER KING CENTER



The Lighthouse of the Community™

## VOLUNTEER APPLICATION FORM

The information on this form is requested so that we may be able to best match your skills, abilities and interests to volunteer opportunities available at the Center. This information will be available only to staff in the Agency who request volunteers. If you have questions regarding privacy of this information, please contact the Human Resource Director of this Agency.

Position applying for (Put TBD – To Be Determined – If you do not have a specific volunteer position in mind) \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone you can be reached at: \_\_\_\_\_

### Emergency Information

Name & Number to contact in case of emergency: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Work Information

Are you presently employed? Yes [ ] No [ ]

Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

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

### Previous Work Experience

Organization	Position	Years	Paid/Unpaid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### References

Please list three (3) references (Do not include family members)

Name	Organization	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



In this section only fill out those areas marked by an "X". These areas are relevant to the position(s) you may be applying for.

\_\_\_ Briefly describe your educational background \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Do you have a driver's license? Yes [ ] No [ ]

\_\_\_ Do you have any moving violations or accidents in the past 3 years? Yes [ ] No [ ]

\_\_\_ Do you own or have regular access to a car? Yes [ ] No [ ]

\_\_\_ Are you insured (Auto)? Yes [ ] No [ ]

\_\_\_ Do you have any physical handicaps, injuries or medical conditions that could put you or others at risk while working in this position? Yes [ ] No [ ]

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Have you ever been convicted of a crime? Yes [ ] No [ ]

\_\_\_ In making this application to be a volunteer, I understand that this Agency routinely does criminal & driving record checks of all volunteers for the positions for which I am applying. This check will be done on me if I sign below. If I fail to provide the signature, it may be grounds for rejection of me as a volunteer for the position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Have you volunteered before? [ ] Yes [ ] No

If yes, when (Give approximate dates) \_\_\_\_\_

Where: \_\_\_\_\_ Supervisor: \_\_\_\_\_

What did you do? \_\_\_\_\_  
\_\_\_\_\_

List any groups, clubs or organizations you are a member of: \_\_\_\_\_  
\_\_\_\_\_

Any other comments: \_\_\_\_\_

I certify that the facts contained in this application are true & complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER INTEREST SURVEY**

How did you hear about volunteer opportunities at the Community Center?

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What special hobbies, interests, talents or skills are you willing to use or share as a volunteer?

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Who are you most interested in working with? (Please circle response)

(Children 3 – 10 years)      (Youth 11 – 18 years)      (Seniors 55 +)      (Families)

Do you prefer to work with groups or on a one to one basis? \_\_\_\_\_

What would you like to get out of volunteering? \_\_\_\_\_

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Please circle the time you are available to volunteer during the week. (This does not commit you to these times)

Morning:    Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Afternoon:    Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Evening:    Mon      Tues      Wed      Thurs      Fri      Sat      Sun

How many hours would you like to volunteer?    Per Week: \_\_\_\_\_ or Per Month: \_\_\_\_\_

Any other comments you have that would help us match you to a volunteer position? \_\_\_\_\_

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