



Martin Luther King, Jr. Family Clinic
2922-B MLK Jr. Blvd
Dallas, TX 75215
(214) 426-3645, ext 121 (Telephone)
(214) 426-6813 (Fax)

Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Volunteers must be age 16 or older.

PERSONAL			
Title Mr./Mrs./Ms./Miss	Last Name	First Name	M.I.
Street Address		Primary Phone # ()	
City, State, Zip		Email address:	
If you are a student, what is your permanent address?			
Emergency Contact Name			Home Phone ()
Relationship			Business Phone ()
How did you learn of MLK?			
When will you be available for volunteering?			

EXPERIENCE			
Licenses/Certification			
Volunteer Experiences			
Skills/Interests			
Indicate any foreign languages you can speak, read and/or write:			
	Fluent	Good	Fair
Speak			
Read			
Write			
Membership in Professional or Civic Organizations			

EDUCATION				
School	Address	Course of Study	Number of Years Completed	Degree or Diploma

REFERENCES		
Name	# Years Known	Home Phone ()
Street Address		Relationship
Name	# Years Known	Home Phone ()
Street Address		Relationship
Name	# Years Known	Home Phone ()
Street Address		Relationship

SERVICES
Please check all types of services in which you are interested: <input type="checkbox"/> Medical Records <input type="checkbox"/> Immunization Records <input type="checkbox"/> Special Events <input type="checkbox"/> Administrative

We are most interested in what motivates people to volunteer at MLK. We are also interested in understanding what our volunteers hope to achieve through their activities. Please take a moment to answer these two questions in your own words. Feel free to use additional space if necessary.

1) What reason(s) caused you to consider volunteering at MLK?

2) What do you hope to achieve from your volunteer experience with MLK?

Agreement

I understand that any false statement made as part of this application will be considered sufficient cause for dismissal.

I understand that I will be required to submit to a drug test before accepting a volunteer position. I understand that if I fail the drug test and/or any future drug tests while volunteering, or refuse to submit to a drug test, the Clinic shall consider this sufficient cause for dismissal from the volunteer position.

I agree to provide health information as required by MLK, Jr. Family Clinic.

I authorize any inquiry to be made on any information contained in this application, if I am considered for volunteer placement.

I understand that volunteer positions are subject to change in conditions and operating policies.

I understand that if accepted as a volunteer:

- I will abide by MLK's Code of Conduct and Confidentiality Statement.
- I voluntarily offer my services with a clear understanding that there is no monetary compensation.

Signature _____ Date _____