



3549 N. College Avenue
Indianapolis, IN 46205
Office: (317) 927-5158
Toll Free: 1 (888) 658-7719
Fax: (317) 927-5167

Volunteer Application Form

Last Name: _____ First Name: _____	
Female () Male ()	
Address: _____ City/State: _____ Postal Code: _____	
Phone: () _____ () _____ () _____	Home Work Cell
Email: _____	Age (if under 18): _____
Emergency Contact: _____ Phone: () _____	
Occupation (if retired provide former occupation): _____	
Employer: _____ Supervisor: _____	
Length of employment: _____ Status: Full Time () Part Time () Retired ()	
If student, name of school: _____	
Year: _____ Area of Study: _____	
Educational background [check highest level]:	
High School Diploma [] GED [] Some College [] AA/AS [] BA/BS [] MA/MS [] Ph.D. [] Other []	
Area/field of study: _____ Hobbies/Interests: _____	
Community Involvement/Volunteer History:	

Which of the following languages do you speak fluently? English [] Spanish []	
Have you ever been convicted of a felony? Yes [] No [] (If yes, please attach an explanation)	
Are you available for an interview? Yes [] No [] [if no, please state reason]:	

Please finish this statement – I volunteer because

How did you find out about volunteering at the Martin Center?

Why would you like to volunteer at the Martin Center?

What area(s) are you interested in volunteering for? (Please check all that apply.)

- Food Pantry []
- Support Group []
- Office/Clerical []
- Health Fairs/Presentations []
- Maintenance/Landscaping []
- Black Expo []
- Back-up Receptionist []
- Fundraising []
- Annual Walk []
- Annual Dinner []
- Research []
- Special Events []

List the relevant knowledge, skills, and abilities you possess that will be beneficial to the Martin Center:

How often do you wish to volunteer at the Martin Center?

- Once a week []
- Once a month []
- Once a year []
- For special projects []
- As needed []

Please mark the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

References: Please list two individuals that will be able to comment on your abilities and experiences.

1. Name: _____ Phone: () _____
Relationship: _____
2. Name: _____ Phone: () _____
Relationship: _____

Signature: _____ Date: _____

Parent or guardian: _____ Date: _____