



845 South Sherman Street
 Spokane, Washington 99202
 P: 509.455.8722 | F: 509.455.3643
 www.mlkspokane.org

Volunteer Application

Please Print

Date _____
 Name _____ Area of Interest _____
 Address _____
 Home Phone _____ Work Phone _____
 Emergency Contact _____ Phone _____ Relationship _____

Education

School	# of years completed	Degree/Diploma	Major	Year Graduated

References

List name and phone number of 3 business/work references that are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list 3 school or personal references that are not related to you.

Name	Phone	# of years known

Please answer the following questions

Have you done any community service in this area?

Do you have work experience in this area?

Do you have college work and/or practicum experience in this area?

What are your skills and special interests?

Why do you wish to volunteer at the MLK Center?

How many consecutive days can you volunteer?

What days can you volunteer?



Martin Luther King, Jr. Family Outreach Center Confidentiality Oath

The principle of confidentiality is applied for the purpose of maintaining professional ethics and community respect. Every employee, board member, and volunteer of the Center has the moral and ethical responsibility to protect the privacy rights of all client and the reputation of the agency when interacting within the Center, with other agencies, and in the community. Participants in activities of the Center act in good faith, expecting their circumstances and personal matters to remain confidential. We are obligated by law and ethics to honor this expectation.

Information and details about a client may be discussed with other professionals for clinical and service purposes on a "need to know" basis only. No identifying information (names, addresses, social security numbers) may be revealed nor printed records shared outside the Center unless an appropriate release of information has been obtained, and/or by lawful judicial service. If such process is served, no records shall be released without consulting the Center's legal counsel. These confidentiality obligations remain even when a case has been made public through the media.

It is also mandatory that business of the Center should be respected, and may be discussed only for purposes that will directly benefit the agency's work and programs.

The following statement of confidentiality must be signed by all employees, board of directors and volunteers. Signed confidentiality statements will be kept on file in the office of the Executive Director.

I, _____, hereby affirm and promise that I shall not divulge information concerning any individual staff member, volunteer, or client who is receiving services from or performing services for the Martin Luther King, Jr. Family Outreach Center. Should information or records need to be shared with any person or agency outside the Center as a condition of observing or performing client services, I will first obtain a signed release of information from the client. I shall also not reveal, publish, or make known in any manner identifying information about clients without their specific written permission. I acknowledge and am informed that unauthorized release of confidential information shall subject me to penalty and liability under the laws of the State of Washington and possibly immediate termination of my services with the Center.

Signature

Date

Witness