



# MUHAMMAD ALI CENTER VOLUNTEER APPLICATION

Applicants are considered without regard to race, color, religion, sex, sexual orientation, national origin, ethnicity, age, marital or veteran status, or the presence of a non-work-related medical condition or disability. In this document, you may exclude anything that indicates such factors.

**Your interest in volunteering at the Muhammad Ali Center (MAC or the Center) is much appreciated. Volunteers are critical to achieving MAC's goals. Please know that whether you dedicate a few hours or many years of your time, it is greatly valued by MAC and all the people around the world who will benefit from the Center's activities. Thank you!**

**CONTACT INFORMATION (PLEASE PRINT IN ALL BOXES BELOW):**

Name: \_\_\_\_\_  
 Last First Middle Initial Date Of This Application

Address: \_\_\_\_\_  
 Number Street (Apt #) City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_ SS#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 1: \_\_\_\_\_ Reference 2: \_\_\_\_\_  
 Name Organization Phone Name Organization Phone

**VOLUNTEER ACTIVITIES OF INTEREST** (ex: education, admissions/welcome desk, gift shop, office support, etc)

\_\_\_\_\_

Languages Spoken Other than English (if any): \_\_\_\_\_

Past Volunteer Experience or Any Other Special Skills: \_\_\_\_\_

\_\_\_\_\_

Can you travel to other sites: Yes\_\_\_ No\_\_\_ Vehicle available: Yes\_\_\_ No\_\_\_

**REFERRAL SOURCE:** Friend\_\_\_ Relative\_\_\_ Newspaper\_\_\_ TV\_\_\_ Radio\_\_\_ Walk-in\_\_\_ MAC Employee\_\_\_ Agency\_\_\_

Any Friends/Relatives at MAC: \_\_\_\_\_

**OTHER INFORMATION:**

Employed or in school now? Yes\_\_\_ No\_\_\_ If so, where \_\_\_\_\_  
 Organization Contact Name Phone

Found guilty of a felony in the last 7 years? Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

Are you 18 years of age, or older? Yes\_\_\_ No\_\_\_ If not yet 18, what is your date of birth: \_\_\_\_\_

Are you a U. S. citizen? Yes\_\_\_ No\_\_\_ If not, can you show required proof of legal residency? Yes\_\_\_ No\_\_\_

Do you have any physical conditions of which we need to be aware: Yes\_\_\_ No\_\_\_ Comments: \_\_\_\_\_

**AVAILABILITY:** Part Time\_\_\_ Temporary\_\_\_ Any anticipated "end time" or "season": \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Mornings (9AM-1PM):	_____	_____	_____	_____	_____	_____	_____
Afternoons (1PM-5PM):	_____	_____	_____	_____	_____	_____	_____
Evenings (5PM-10PM):	_____	_____	_____	_____	_____	_____	_____

Your scheduling comments, if any:

Total Number of Shifts you are willing to work in a week: \_\_\_\_\_

When could you start: \_\_\_\_\_

Any additional information of which we should be aware: \_\_\_\_\_

**PLEASE READ AND SIGN ALL DOCUMENTS**

**MUHAMMAD ALI CENTER VOLUNTEER ACKNOWLEDGEMENT**

- 1) All information given in my Volunteer Application is true, to the best of my knowledge.
- 2) I am freely offering my services to the Center, as a Volunteer. I understand that Volunteer service does not constitute employment status in any form or manner, with no entitlement to wages, benefits or other consideration. I understand that I may end this Volunteer status at any time, and that the Center may do likewise. I will give thirty days advance notice of departure, unless urgent or unforeseen circumstances prevent this, in which case I will give the maximum notice possible.
- 3) I acknowledge that no one at the Center has made, or is authorized to make, any guarantee or promise that my Volunteer work will lead to employment, wages, benefits or other consideration.
- 4) I authorize investigation and full disclosure of all aspects of my background, and hereby release and request my prior employers, educational institutions, and/or any other organization which may have such information to do so. I agree to hold such parties and their agents/employees harmless for any such disclosure. I also agree to hold the agents/employees of MAC harmless for any such investigation, including their interpretation of and/or reliance upon any information attained.
- 5) I acknowledge that Volunteers must conduct themselves with courtesy and professionalism; that they must become aware of, and conform to, all of the Center's values, rules, policies, procedures and instructions; and that they must model MAC's high standards and values at any time or place in which they may be perceived as representing the Center. I agree that if accepted as a Volunteer, I may be required to undergo drug screening at MAC's discretion, consistent with MAC policy.
- 6) Volunteers may not disclose any of the Center's confidential, personnel, or business-related information.

I have carefully read, considered, and understand all of the above, and agree to it in its entirety:

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Printed Name of Volunteer

Signature

Date

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Printed Name of Legal Guardian  
(if under 18- signifies consent/agreement)

Signature

Date

***Please Return Application To:***

Volunteer Coordinator  
Muhammad Ali Center  
144 N. Sixth Street  
Louisville, KY 40202

FOR OFFICE USE ONLY: