



Al Ikraam Foundation Volunteer Application

Contact Information

Name	
Street Address	
Home Phone	
Work Phone	
Mobile	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | | | |
|--|------------|--|------------|
| <input type="radio"/> Weekday mornings | Time _____ | <input type="radio"/> Weekend mornings | Time _____ |
| <input type="radio"/> Weekday afternoons | Time _____ | <input type="radio"/> Weekend afternoons | Time _____ |
| <input type="radio"/> Weekday evenings | Time _____ | <input type="radio"/> Weekend evenings | Time _____ |

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|---|--|
| <input type="radio"/> Office Work | <input type="radio"/> Food Preparation |
| <input type="radio"/> Events | <input type="radio"/> Computer Programming |
| <input type="radio"/> Teaching | <input type="radio"/> Building |
| <input type="radio"/> Fundraising | <input type="radio"/> Other _____ |
| <input type="radio"/> Transport | |
| <input type="radio"/> Youth Affairs | |
| <input type="radio"/> Newsletter production | |
| <input type="radio"/> Maintenance | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. May Allah bless you and your family for assisting his noble Deen.

Official use only

Date _____
#:

Volunteer

Approved: Yes No

Committee assigned to: _____

Special Duties: _____

Approved by: _____

PRINT NAME

SIGNATURE

DATE: _____

Official Stamp