



Volunteer Application Form

This form is for intended volunteers. All information will be kept confidential. Successful applicants may be subjected to a background check. Please know that Florida Islamic Center (FIC) is committed to providing equal opportunities to all as we welcome your application irrespective of your gender, disability, color, ethnicity, nationality, marital status and age.

Please complete all sections of the form. If any section does not apply, enter not applicable (n/a). When completed, send to FIC via the one of following methods:

1. Mail to P.O. Box 104 Minneola FL 34755
2. Email to: info@floridaislamiccenter.org
3. Hand deliver to any FIC officer

Field of volunteer

Please choose the field(s) in which you would like to volunteer

<p>1. Madrasah Nooraniyah – Weekend Islamic School</p> <p><input type="checkbox"/> Teaching <input type="checkbox"/> Assist Teacher <input type="checkbox"/> Chaperone <input type="checkbox"/> Serving/Cleanup <input type="checkbox"/> Transportation</p>
<p>2. Events (set up, break down, serve, direct traffic)</p> <p><input type="checkbox"/> BBQ <input type="checkbox"/> Brunch <input type="checkbox"/> Fundraising <input type="checkbox"/> T-Party <input type="checkbox"/> Eid <input type="checkbox"/> Seminar</p>
<p>3. Friday Food Sale and Jumuah Salah</p> <p><input type="checkbox"/> Packaging <input type="checkbox"/> Clean up <input type="checkbox"/> Transportation</p>
<p>4. Masjid Property Maintenance</p> <p><input type="checkbox"/> Cleaning <input type="checkbox"/> Painting <input type="checkbox"/> Power washing <input type="checkbox"/> General Maintenance</p>

Personal Information

First Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: _____ Contact # _____ Email: _____

Address: _____

Marital Status: _____ Languages Spoken: _____

Profession/Skill/Experience (that qualifies you for field of interest)

From		To		Profession	Description
Month	Year	Month	Year		

Education – Required specifically for teaching field (most recent first)

From		To		Certificate/Degree	Description
Month	Year	Month	Year		

Arrangement for interview

Will you be able to come into the office for an interview if you are selected? Yes No

If yes, please specify your circumstance: _____

References

Please give at least one reference who can recommend you for the volunteer position you are seeking.

Name: _____	Relationship to you: _____
Address: _____	
Contact #: _____	Email: _____

Motivation

Please tell us your motivation for volunteering at FIC.

Confirmation of Details

I hereby certify that all the information given on this form is correct and all the questions related to me have been accurately answered. I understand that should the information given in this application be incorrect, it may result in my application being rejected.

Signature: _____

Print Name: _____

Date: _____