

DAR AL-HIJRAH ISLAMIC CENTER VOLUNTEER APPLICATION



CONTACT INFORMATION

Applicant's Name: _____ Last 4 digits of SSN _____
First Name Last Name M.I.

Address: _____
Street City State Zip Code

Phones: (cell) _____ (home): _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

EMERGENCY CONTACT INFORMATION

Name: _____
First Name Last Name M.I.

Address: _____
Street City State Zip Code

Phones: (cell): _____ (home): _____ Email: _____

Programs you are interested in volunteering in (check one or more):

- Social Services Department
 - Administrative ()
 - IT & Communications ()
 - Weekly Food Bank Preparation (Wednesdays 3:00-5:00pm) ()
 - Weekly Food Bank Distribution (Thursday mornings) ()
 - Family Care Committee (patient visits in hospitals) ()
 - Tutoring Program (1st -12th grades; Mon, Wed 6:00-8:00) ()
 - Adult ESL Classes (adults required for teaching) ()
 - Sewing Class (must have background in sewing) ()
 - Thrift shop (cashier/sorting clothes/ washing + ironing clothes) ()
 - Ramadan meal distribution to needy families ()
- Youth Department ()
- Executive Administrative Department ()

Other (please specify): _____

AVAILABILITY: Please indicate the times you are available to volunteer.

	Times available	If you selected more than one department above, specify the department you want to volunteer in at this time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

WORK/VOLUNTEER EXPERIENCE: Please list most recent jobs or positions:

Organizations	Positions Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL LIMITATIONS: Please explain any physical limitations that might limit your volunteer activities:

Volunteer Confidentiality Agreement

I, (print name: Last, First) _____, agree to keep confidential any and all information I learn about the clients I serve and/or the clients whose information I come to know while volunteering at all departments of Dar Al-Hijrah Islamic Center. I understand that I am committed to keeping client information confidential even when I am no longer volunteering at Dar Al-Hijrah Islamic Center. By signing below, I accept the conditions above and agree to apply them to the best of my abilities.

Volunteer's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Dar Al-Hijrah Islamic Center Background Check Authorization

As an Islamic Center, it is our top priority to keep all of our volunteers, clients, and employees as safe as possible. Please help us ensure maximum safety for yourself and other individuals at Dar Al-Hijrah Islamic Center by allowing us to run a background check.

Name: _____
 First Name Last Name M.I.

All other name(s) by which you have been known: _____

Driver's License Number: _____ State of Issuance: _____ Expiration Date: _____

Have you ever been convicted of any unlawful offenses, aside from minor traffic violations (circle one)? YES NO

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Gender: _____ Place of Birth: _____ Nationality: _____

Phone numbers: (cell): _____ (home): _____ Email: _____

Please list the street addresses of all the places you have resided over the past two years, beginning with your current address and going backwards:

Address: _____
 Street City State Zip Code

Address: _____
 Street City State Zip Code

Address: _____
 Street City State Zip Code

Do you have any criminal convictions (circle one)? YES NO

If YES, please explain the nature: _____

State of conviction: _____ County of conviction: _____

I hereby give permission to Dar Al-Hijrah Islamic Center to run a background check on the information provided in this form. (This release shall be effective for ONE (1) year from the date signed).

Signature: _____ Date: _____