



Al Amal Institute for the Disabled Volunteer Application Form

Surname:

First Name:

Address:

Telephone:

Today's Date:

Email:

Gender:

Male

Female

Age Group:

Under 18

18-25

26-40

41-55

Over 55

Please select the area you wish to volunteer in:

Fundraising

Volunteer Leadership

Program Management

Disability Services

Building/Repair

Health/Wellness

Annual Welfare Wheat Festival

Home Packages Call Center

Skills Training

Annual Welfare Wheat Race

Youth Volunteering

Entertainment & Games

Please tell us why do you want to volunteer with our organization?

Please tell us what you hope to gain from your experience with us?

Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.

Language(s) Spoken:

Do you have a valid driver's license?: Yes [] No []

Certifications:

a) First Aid: Yes [] No []; b) CPR: Yes [] No []; c) Lifeguard: Yes [] No []; Other:

When are you available for volunteer assignments?

___ : ___ to ___ : ___ Monday
___ : ___ to ___ : ___ Tuesday
___ : ___ to ___ : ___ Wednesday
___ : ___ to ___ : ___ Thursday
___ : ___ to ___ : ___ Friday
___ : ___ to ___ : ___ Saturday
___ : ___ to ___ : ___ Sunday

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

References: Please supply us with the names of two referees (non-relatives)

Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:

Do you have any special needs you would like to share with us?

Person to Notify in Case of Emergency

Name:
Street Address:
City, Street, ZIP Code:
Home Phone:
Work Phone:
E-Mail Address:

Our Policy

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

Thank you for completing this application form and for your interest in volunteering with us.

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.

Signature: _____ Date: _____