

VOLUNTEER FORM

GENERAL INFORMATION

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	CNIC:
Address:	
Phone (home):	Phone (work):
Cell Phone:	Email:
Qualification:	Islamic Education:
Designation:	Organization:

CHILDREN INFORMATION

Do you have children attending AIS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:
Child (ren) Name(s) Attending AIS with Grade:

VOLUNTEER INFORMATION

Tick as many activities as you are interested to volunteer for:		
<input type="checkbox"/> Classroom (Specify Subject(s)):		
<input type="checkbox"/> Library	<input type="checkbox"/> Lunch room	<input type="checkbox"/> Events
<input type="checkbox"/> Clinic	<input type="checkbox"/> Décor and Costumes	<input type="checkbox"/> Fieldtrips
<input type="checkbox"/> Office Support	<input type="checkbox"/> Computer Typing	<input type="checkbox"/> Financial Support
<input type="checkbox"/> Work from Home	<input type="checkbox"/> Photography/video services	<input type="checkbox"/> Content Writing
Other (please specify):		
Previous Volunteer Experience:		
I am available on Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
At Time:		

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might case doubt upon the appropriateness of me working with children.

Signature: _____

Date: _____