



**"A volunteer is a person who believes that people can make a difference - and is willing to prove it."**



### **Volunteer Application and Agreement**

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Muslimat Al-Nisaa is in need of dedicated volunteers like you to make it a success!

#### ***INFORMATION ABOUT YOU***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Day Phone:		Cell Phone:	
E-Mail Address:			

In case of emergency notify: \_\_\_\_\_

**Briefly state why you want to volunteer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List your skills, interests, hobbies, community activities, work or professional experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have transportation?  Yes  No

If yes, do you have a valid Driver's License?  Yes  No

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are there any restrictions on your license?  Yes  No

If yes, list all restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you provide transportation for others?  Yes  No

Have you ever been convicted of a crime (do not include traffic violations)?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information (please circle correct response):**

Gender: Male Female

**Physical Limitations:** No Yes (Please Explain).....

**Education (highest level completed)**

Grades 1-5 6-9 11-12 College Business Graduate School

Technical/Vocational

**Former work/occupation.....Most recent employer (optional) .....**

**List previous volunteer experience.....**

**Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur**

- 1.....
- 2.....
- 3.....

**Languages** Fluent Read Write

- 1.....
- 2.....
- 3.....

Do you have the ability to communicate using Sign Language? Yes \_\_\_ No \_\_\_

**INDICATE WHICH VOLUNTEER ACTIVITIES WOULD BE OF INTEREST**

<b>VOLUNTEER OPPORTUNITIES</b>		
Please mark your assignment preferences below. See Descriptions of Volunteer Opportunities on the following page for more information.		
<u>Al-Nisaa Health Center</u>	<u>Personal Assistant/Mentors:</u>	<u>Volunteer Fund-Raiser</u>
Health Care Professional	* ESOL Classroom Assistant * Interpretation and Translation Volunteer	<u>Annual Conference &amp; Seminars</u>
<u>Volunteer Office Assistants</u>	Employment Mentor	<u>Donation Drive Volunteers</u> <u>FOOD Share--MNISAA Food Bank</u>
<u>YOUTH VOLUNTEER</u>	MNISAA Services Support Volunteer	<u>PUBLIC RELATIONS/MARKETING:</u>
<u>VOLUNTEER RECRUITMENT</u>	<u>Volunteer Grant Writers</u>	

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

**Professional Licensure, Certification, Specialties, Experience**

Name on License/Certification: \_\_\_\_\_

State on License/Certification: \_\_\_\_\_ License/Certification Number: \_\_\_\_\_

Please check the area of practice in which you are proficient in the skills and competencies.

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(Please attach or fax copies of licenses and/or credentials)

**REFERENCES**

Please list three references (not relatives) preferably persons who can attest to your ability to work with others in a volunteer capacity:

Name & Address	Telephone	Relationship
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**VOLUNTEER AGREEMENT AND AUTHORIZATION**

Volunteer candidates must meet the highest standard of conduct because of Muslimat Al-Nisaa’s responsibilities for those in our care. This information is to be used only to assist us in determining qualifications for a position as a volunteer.

I understand that a criminal record and Department of Motor Vehicles check may be made, and my references and experience checked. I release investigation of my records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- 1. I authorize all references listed to give you pertinent information, and release all parties from any liability from furnishing this information.**
- 2. I agree that I will not share any personal or medical information pertaining to any client/resident, or information related to services that were rendered. I will not share any client/resident information with anyone without prior authorization.**
- 3. I agree to conform to Muslimat Al-Nisaa’s rules and regulations to the best of my ability. The program reserves the right to change or modify the program at any time at its discretion.**
- 4. I agree that I will participate in any education or training initiatives or continuing education requirement that are required to maintain an active status in the volunteer program.**
- 5. I understand that I will not receive any compensation for my volunteer service in this program. The program will not provide health benefits for those enrolled as volunteers.**
- 6. I understand that the program will not be responsible to cover any medical condition(s).**
- 7. I understand that failure to abide by all of the program’s policies and procedure may result in termination as a volunteer.**

**I hereby agree to serve any client/resident who is assigned regardless of race, sex, creed or national origin.**

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_