



APPLICATION FOR ASSOCIATE MEMBERSHIP (VOLUNTEER)

PERSONAL INFORMATION

Full Name (First, Middle & Last):

Address:

City, Province & Postal Code:

Phone Number:

Alternate Phone Number:

Email Address:

Current Occupation:

Language(s) Written/Spoken:

ADDITIONAL INFORMATION

Availability (Please check 1 or more from the following options):

Anyday - Daytime Evening Weeknights Weekends Other: _____

of Hours Available per Week:

Technical Skills:

Volunteering Experience:

Volunteer Role (Please check from the following committees):

- | | |
|---|---|
| <input type="checkbox"/> IT Committee | <input type="checkbox"/> Family Counseling & Grieving |
| <input type="checkbox"/> Legal Affairs Committee | <input type="checkbox"/> Children Aid Committee |
| <input type="checkbox"/> Events Committee - Including Ramadan Iftar | <input type="checkbox"/> Medical Expertise Committee |
| <input type="checkbox"/> Education and Religious Affairs Committee | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Safety and Security Committee | <input type="checkbox"/> Sports Committee |
| <input type="checkbox"/> Youth Committee | <input type="checkbox"/> Seniors Program Committee |
| <input type="checkbox"/> Masjid Floor Committee | <input type="checkbox"/> Others |

I confirm that if selected, I will abide by all the rules and regulations as per constitution, by-laws and policies of ISM.

Signature: _____ Date: _____

* Please submit this form to our administration office in original*