



IRUSA REGISTERED VOLUNTEER APPLICATION

Personal Information <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Name (First & Last):			
Street Address:			
City, State Zip Code:			
Phone#		E-Mail Address:	
Valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Insurance as Required by State Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:			

Education & Affiliations (list degrees and licenses you hold)	
High School:	
College/Graduate School:	
Technical Training:	
Professional Affiliations:	
Professional Licenses:	

Employment Information	
Employment Status:	<input type="checkbox"/> Student <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Retired <input type="checkbox"/> Other
Current Occupation:	
Employer Name:	

Language Skills (other than English)		
Please check any languages you are fluent in:		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Urdu
<input type="checkbox"/> Bangla	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other, please list:

Departments You Would Like to Volunteer With			
<input type="checkbox"/> Communications (Graphic Design, Writing, Social Networking)	<input type="checkbox"/> Community Development (Fundraising)	<input type="checkbox"/> Donor Care	<input type="checkbox"/> Legal
<input type="checkbox"/> National Events (Conferences/Concerts)	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Programs (including the Disaster Assistance Response Team)	<input type="checkbox"/> Public Affairs
<input type="checkbox"/> Other interests, please list:			



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities (i.e. computer, event planning, writing, photography, etc.).

Previous Volunteer Experience

Summarize your previous volunteer experience, including duties.

Have you ever been convicted of a crime? Yes No

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

References

List three people (other than relatives) who are able to evaluate our previous volunteer or employment performance.

Name		Title		Phone #	
Name		Title		Phone #	
Name		Title		Phone #	

How did you hear about IRUSA Volunteer Opportunities?

<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Masjid:
<input type="checkbox"/> Convention	<input type="checkbox"/> Facebook
<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Other, please list:



Availability							
During which hours are you available for volunteer assignments?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Total Hours Available Per Week:							
Length of Availability: (check box and state approximate duration)				<input type="checkbox"/> Short Term: <input type="checkbox"/> Long Term:			

Agreement and Signature
<p>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 the immediate termination of my volunteer assignment. I grant IRUSA permission to verify any of the above information as part of their registered volunteer selection process, and periodically thereafter as they deem necessary. I hereby release IRUSA from any and all claims, demands, or liabilities arising out of or in any way related to obtaining such information or disclosures.</p>

Volunteer's Name (Print): _____

Volunteer's Signature: _____ Date: _____

Any participant who will not be at least 18 years of age on the first day of volunteering must provide signed consent from their parent or legal guardian.

I am the parent and/or legal guardian of _____ who is under 18 years of age. By my signature, I give the above named minor permission to attend and participate in IRUSA's volunteer activities.

Parent's Name: _____

Parent's Signature: _____ Date _____

Applicants must submit a copy of a state issued driver's license or identification card, proof of auto liability insurance (unless the statement is initialed below), and a completed application to: volunteers@irusa.org

By choosing not to submit proof of auto liability insurance, I agree that I will not drive any vehicle, personally or otherwise owned, to conduct IRUSA business. _____ (initial)

Thank you for showing interest in registering as a volunteer with IRUSA.