

**ISLAMIC CENTRE  
OF SOUTHWEST ONTARIO**

**Full Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I would like to be added to any volunteer WhatsApp group,  
as the Islamic Centre of Southwest Ontario would  
see fit based on my skill sets:  **Yes**  **No**

**Availability:** Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Please indicated if your are able to volunteer 15-30 min  
before or after Jummah prayer:  **Before**  **After**  **Both**

Please list any hobbies or past experience you may have. Please indicate if you have any  
previous computers/multimedia/social media related skills (eg. Office, networking, PDF,  
PhotoShop branding etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate where you believe you may want to volunteer (please select all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Kitchen             | <input type="checkbox"/> Teaching Arabic     | <input type="checkbox"/> Teaching Quran  |
| <input type="checkbox"/> Teaching Assistance | <input type="checkbox"/> Children Activities | <input type="checkbox"/> Teen Activities |
| <input type="checkbox"/> Adult Activities    | <input type="checkbox"/> Senior Activities   | <input type="checkbox"/> Camp Activities |
| <input type="checkbox"/> Eid Activities      | <input type="checkbox"/> Eid Day             | <input type="checkbox"/> Sports          |
| <input type="checkbox"/> General Volunteer   | <input type="checkbox"/> Other: _____        |  |

Please indicate any certificates you have obtained and dates they were issued that may help  
you as a volunteer at the Islamic Centre of Southwest Ontario:

CPR \_\_\_\_\_  Police Check \_\_\_\_\_  Other \_\_\_\_\_

Please indicate if volunteer hours are for your high school requirements:  **Yes**  **No**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date