

## Volunteer Form

*Tell those of My servants who believe that they should establish Prayer and spend out of what We have provided them with, both secretly and openly, before there arrives the Day when there will be no bargaining, nor any mutual befriending. (14:31)*

### Serve Your Masjid

The MC Volunteer Committee is continually seeking dedicated volunteers to help improve the various services offered by the Mustafa Center. We encourage you to strongly consider the impact that your volunteerism will have in improving your life and lives of others in your community. By volunteering you will partner in the shared experience of outreach and charity that our communities so richly deserve. Your service is considered a form of worship to our Creator, In sha Allah.

### Why Volunteer?

- Bring the Muslim community together regardless of race, color, and background
- Provide personal growth & spiritual fulfillment
- Provide learning & networking opportunities
- Promote community involvement & outreach
- Teach individuals, families and children the value of charity
- Provide hands on learning experience and educational opportunities
- Social accountability; be the change you want to see
- Connect with Allah (Swt) by serving His deen and creation

### Current Volunteer Opportunities

*Please mark your area(s) of interest:*

- |   |   |
|---|---|
| <input type="radio"/> Administration/Clerical               | <input type="radio"/> Security                                  |
| <input type="radio"/> Ramadan Event                         | <input type="radio"/> Youth Program and Events                  |
| <input type="radio"/> Parking Assistance                    | <input type="radio"/> Education Committee                       |
| <input type="radio"/> Fundraising Committee                 | <input type="radio"/> Childcare on Fridays and at events        |
| <input type="radio"/> Food and Kitchen Assistance           | <input type="radio"/> Weekend Quran Teacher                     |
| <input type="radio"/> Housekeeping (cleaning)               | <input type="radio"/> Weekday Evening Quran Class Teacher       |
| <input type="radio"/> Technical & Maintenance               | <input type="radio"/> Event Marketing and Promotion             |
| <input type="radio"/> IT / Web Support/ Sound System        | <input type="radio"/> Eid Celebration Committee                 |
| <input type="radio"/> Project Management                    | <input type="radio"/> Special Events (seminars, lectures, etc.) |
| <input type="radio"/> Video Production on Fridays or Events | <input type="radio"/> Graphic Design                            |
| <input type="radio"/> Women Only Programs                   | <input type="radio"/> Other - Please explain _____              |
| <input type="radio"/> Charities                             |   |



# MUSTAFA CENTER

Islamic Community Center Since 1999

## **Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F (*circle one*) Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Day & Time of Availability: \_\_\_\_\_ Reference: \_\_\_\_\_

## **Emergency Contact Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Health Information:**

Injuries/illness: \_\_\_\_\_

Medication(s) and frequency: \_\_\_\_\_

## **Terms & Agreement: Please READ and SIGN**

I, \_\_\_\_\_ agree to obtain admittance to the Volunteer Team. Furthermore, I am being enrolled in good health, and do not suffer from any illness, disability or condition that requires the taking of medication(s) on a regular basis. Any such condition is disclosed to and is accepted by the MC administration.

I also understand that there is no reason that I cannot or should not participate in action-packed events. I, the undersigned, hereby expressly agree to be fully responsible for any medical bills incurred in the treatment of any illness or accident by myself, in the event of any such accident or injury occurs. I hereby give my full consent to allow the MC Administration to halt my volunteerism if any medical treatment is deemed necessary and advisable.

I understand that, as a condition of my admittance, I hereby release the MC Administration and the staff from all and any liability resulting from injury or illness, mental or physical, suffered during my act of volunteering.

I, \_\_\_\_\_ have read and understood the above and acknowledge and accept full responsibility as described above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_