



VOLUNTEER APPLICATION

PLEASE COMPLETE THE RELEVANT PARTS OF THIS FORM IN BLOCK CAPITALS AND SEND IT TO OUR OFFICE OR EMAIL TO: REPS@AL-AYN.ORG

A. VOLUNTEER INFORMATION / معلومات المتطوع

FULL NAME / الإسم واللقب

ADDRESS / العنوان

ZIP CODE / الرمز البريدي

CITY / المدينة

STATE / الولاية

EMAIL / البريد الإلكتروني

PHONE NUMBER / رقم الهاتف

B. VOLUNTEERING INTERESTS / شروط التطوع

HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER?

كم عدد الساعات التي ترغبون التطوع بها؟

2-3

4-6

7-10

11-20

21 OR MORE

WHAT ARE YOUR AREAS OF INTEREST?

ما هي المجالات التي تهتمكم؟

EVENT MANAGEMENT

TRANSLATING/ EDITING

MULTIMEDIA

RESEARCH

FRONT OFFICE

HOUSEKEEPING

SADAQAH BOX COMMITTEE

NOTE: SOME VOLUNTEERING POSITIONS MAY REQUIRE A RESUME AND AN INTERVIEW.

C. REFERENCES / المراجع

REFERENCE 1:

NAME

ADDRESS

PHONE

REFERENCE 2:

NAME

ADDRESS

PHONE

D. CONFIDENTIAL BACKGROUND INFO / معلومات خلفية سرية

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN:

NOTE: SOME VOLUNTEERING POSITIONS MAY REQUIRE A BACKGROUND CHECK.

E. VOLUNTEERING EXPERIENCE / خبرة التطوع

WAIVER & CONSENT / التنازل والموافقة

I UNDERSTAND THAT BY FILLING OUT THIS APPLICATION, I WAIVE ANY RIGHTS TO CONFIDENTIALITY CONCERNING THE CONTENTS OF THIS APPLICATION. I AUTHORIZE AL-AYN FOUNDATION TO CONTACT THE PERSONAL REFERENCES I HAVE IDENTIFIED AND TO CONDUCT A REASONABLE INVESTIGATION INTO MY SUITABILITY FOR YOUTH WORK. IN SIGNING THIS DOCUMENT, I ALSO SHOW THAT I SUBSCRIBE WHOLEHEARTEDLY TO ASCF STATEMENTS AS WRITTEN ABOVE. AL-AYN SOCIAL CARE FOUNDATION IS NOT RESPONSIBLE FOR ANY INJURIES INCURRED ON THE VOLUNTEER OR BY THE VOLUNTEER WHILE VOLUNTEERING FOR ANY ASCF AFFILIATED WORK.

VOLUNTEER AGREEMENT / إتفاقية تطوع

DATE OF AGREEMENT/ تاريخ الإتفاقية:

PERIOD OF AGREEMENT/ مدة الإتفاقية:

FIRST PARTY (THE VOLUNTEER) / المتطوع . الطرف الأول:

SECOND PARTY (AL-AYN) / الطرف الثاني: AL-AYN SOCIAL CARE FOUNDATION

EXPECTATIONS FROM THE VOLUNTEER:

1. TO SUPPORT THE WORK OF AL-AYN, THROUGH THE ROLES ASSIGNED, AND UPHOLD ITS NAME AND REPUTATION.
2. TO ABIDE BY ISLAMIC PRINCIPLES WHILST VOLUNTEERING FOR AL-AYN
3. TO ABIDE BY ADMINISTRATIVE PROCEDURES AND INSTRUCTIONS ISSUED BY AL-AYN
4. TO WORK ALONGSIDE OTHER STAFF AND VOLUNTEERS, AS BROTHERS AND SISTERS, AND UPHOLD THEIR REPUTATION
5. TO PROMOTE THE CAUSE OF SPONSORING AND CARING FOR ORPHANS, THROUGH APPROPRIATE MEANS
6. TO SEEK, PERMISSION BEFORE CONTACTING ANY OTHER BODY ON BEHALF OF AL-AYN

CONFIDENTIALITY:

THE VOLUNTEER UNDERSTANDS THAT THEY MAY RECEIVE OR BECOME AWARE OF CONFIDENTIAL OR SENSITIVE INFORMATION WHILST VOLUNTEERING FOR AL-AYN. THIS MAY INCLUDE, WITHOUT LIMITATION, INFORMATION SUCH AS PROJECTS, REPORTS, FINANCIAL INFORMATION, INTERNAL PROCESSES, AND INFORMATION INVOLVING TRUSTEES, STAFF, OTHER VOLUNTEERS AND DONORS. THE VOLUNTEER AGREES TO KEEP SUCH INFORMATION CONFIDENTIAL, AND TO NOT COMMUNICATE, DIVULGE, DISCLOSE, OR OTHERWISE USE, DIRECTLY OR INDIRECTLY, SUCH INFORMATION, UNLESS AUTHORIZED TO DO SO BY THE TRUSTEES OF AL-AYN.

SIGNATURE OF VOLUNTEER / توقيع المتطوع:

NAME / الإسم:

DATE / التاريخ: / /

SIGNATURE ON BEHALF OF AL-AYN / توقيع بإسم مؤسسة العين:

NAME / الإسم: POSITION / الموقع: DATE / التاريخ: / /

AUTHENTICATED BY THE GENERAL SUPERVISOR, SHEIKH AMJAD RIYADH - مصادقة المشرف العام فضيلة الشيخ أمجد رياض -

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EIN REGISTERED CHARITY NO. 1614315-47