



HELPING
ORPHANS
CHANGING
LIVES

REPRESENTATIVE APPLICATION

PLEASE COMPLETE THE RELEVANT PARTS OF THIS FORM IN BLOCK CAPITALS AND SEND IT ALONG WITH THE STANDING ORDER FORM TO OUR OFFICE
(يرجى ملئ معلومات المتطوع وإرسالها الى: عنوان مكتب مؤسسة العين للرعاية الإجتماعية في أمريكا)

A. VOLUNTEER INFORMATION / معلومات الوكيل

FULL NAME / الإسم واللقب

ADDRESS / العنوان

ZIP CODE / الرمز البريدي

CITY / المدينة

STATE / الولاية

EMAIL / البريد الإلكتروني

PHONE NUMBER / رقم الهاتف

B. REFERENCES / المراجع

REFERENCE 1:

NAME

ADDRESS

PHONE

REFERENCE 2:

NAME

ADDRESS

PHONE

C. 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.

D. ADDITIONAL VOLUNTEERING SKILLS / مهارات أخرى لدى المتطوع

TRANSLATING/ EDITING

MULTIMEDIA

RESEARCH

E. VOLUNTEERING EXPERIENCE / خبرة التطوع

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

WAIVER & CONSENT / التنازل والموافقة

I UNDERSTAND THAT BY COMPLETING THIS APPLICATION, I WAIVE ANY RIGHTS TO CONFIDENTIALITY CONCERNING THE CONTENTS OF THIS APPLICATION. I AUTHORIZE AL-AYN FOUNDATION TO CONTACT THE PERSONAL REFERENCE I HAVE PROVIDED. AL-AYN SOCIAL CARE FOUNDATION IS NOT RESPONSIBLE FOR ANY INJURIES INCURRED AS A RESULT OF MY EFFORTS AS ITS REPRESENTATIVE.

CONFIDENTIALITY / إتفاق السرية

I ACKNOWLEDGE THAT I MAY BECOME AWARE OF SENSITIVE OR CONFIDENTIAL INFORMATION PERTAINING TO THE FOUNDATION. THIS MAY INCLUDE, WITHOUT LIMITATION, INFORMATION SUCH AS PROJECTS, REPORTS, FINANCIAL INFORMATION, INTERNAL PROCESSES, AND INFORMATION INVOLVING TRUSTEES, STAFF, OTHER VOLUNTEERS AND DONORS. I AGREE 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

REPRESENTATIVE AGREEMENT / إتفاقية الوكيل

EXPECTATIONS FROM THE REPRESENTATIVE:

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 REPRESENTING FOR AL-AYN
3. TO ABIDE BY ADMINISTRATIVE PROCEDURES AND INSTRUCTIONS ISSUED BY AL-AYN
4. TO PROMOTE THE CAUSE OF SPONSORING AND CARING FOR ORPHANS, THROUGH APPROPRIATE MEANS
5. TO SEEK, WRITTEN PERMISSION BEFORE CONTACTING ANY OTHER BODY ON BEHALF OF AL-AYN

SIGNATURE OF REPRESENTATIVE / توقيع الوكيل:

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