



VOLUNTEER REGISTRATION FORM

VOLUNTEER INFORMATION

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
No Street Apt #

City/Town Province Postal Code

TEL: (____) _____ (____) _____ FAX: (____) _____
Home Cell Phone

EMAIL: _____ DATE OF BIRTH: ____/____/____ GENDER: Male _____ Female _____
DD MM YYYY

GRADE ATTENDING: _____ NAME OF INSTITUTION _____

PROFESSION: _____

I CAN HELP NAMF WITH:

1. Newsletter _____ 2. Website Maintenance _____ 3. Accounting _____ 4. Marketing _____
5. Office Help _____ 6. Volunteer coordination _____ 7. Event Planning _____ 8. Gen Help _____

Yes I would like to join the North American Muslim Foundation as a volunteer to assist in executing its programs & Services.

VOLUNTEER: _____ DATE: _____
Signature

FOR OFFICE USE ONLY

Name of Program _____ Responsibility _____

Date available _____ Time available _____

Authorized by _____ Date _____



North American Muslim Foundation

DISCLAIMER

- I understand that I will not be receiving any remuneration for the volunteer work rendered.
- I will perform my volunteer duties as instructed by the management.
- I understand and agree that the North American Muslim Foundation Directors, Management and Staff, while taking all reasonable precautions to ensure the safety of volunteers, will not be held liable by me in the event of any personal injury or accident caused to myself while I'm at the foundation premises at any time of the day and week, or on Foundation business at any other location.

Signature of Volunteer

Name of Volunteer

Date

The foundation will do the utmost to protect the safety of all its volunteers by implementing all precautions and measures to prevent an accident.