

# VOLUNTEER REGISTRATION FORM

## Islamic Center of Kent (ICK)

20857 108<sup>th</sup> Ave SE, Kent, WA 98032

### A. Personal Information:

First Name _____ Last name _____
Home Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
Education Level (Please check): Elementary _____ High School _____ College _____

### B. Background Information

Particulars	Yes	No
Do you use illegal drugs?		
Have you ever been convicted of a criminal offense?		
Have you ever been criminally charged with neglect, abuse or assault?		
Have you ever been found liable for civil penalties or damage involving sexual or physical abuse?		

### C. Skills, Interests, and Time Availability

Special skills, training, interests or hobbies _____
Previous volunteer jobs in a mosque or Islamic Organization: _____ _____
What time do you have available?
Total hours per week available
Are you available on Friday Jumah prayer time ? Yes _____ No _____
Please give us any further information or comments you might wish to offer: _____ _____

### D. Emergency Contacts

Please list a relative, friend, or neighbor who can be contacted in case of emergency:

Name	Relationship	Home Phone#	Cell #	Email

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information accurate as of \_\_\_\_\_ (date). When information changes, please contact ICK Management at [admin@ickent.com](mailto:admin@ickent.com) or Tel: 253-850-2200.