

## PIONEER REGISTRATION FORM

*Thank you for your interest in volunteering your time at our organization. The following information will assist us in determining your interests and abilities for a prospective volunteer service assignment, and provide other information required for administrative purposes. This registration information will form part of your volunteer profile.*

### **Personal Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you learn our volunteer program?

\_\_\_\_\_

### **Occupation/Employment History:**

Are you employed?  Yes  No

Position: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

May we contact you at work  Yes  No

Other Work Experience: \_\_\_\_\_

### **Education Training:**

If you are currently a student, please indicate: School

\_\_\_\_\_

Grade or level: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Please describe any past education/training that you have done:

\_\_\_\_\_

### **Abilities:**

What hobbies/skills/interests do you have which might benefit our volunteer program (first aid, class iv drivers license, etc.):

\_\_\_\_\_

Do you speak/write languages other than English that you would like to utilize in your placement? (Please specify):\_\_\_\_\_

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**Volunteer Experience:**

Are you presently a volunteer?  Yes  No

Where?\_\_\_\_\_

Have you had previous experience as a volunteer?  Yes  No

If yes, please describe: \_\_\_\_\_

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How many hours per week/month are you willing to volunteer?

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Specify Week or Month

What Days are you Available?

Monday  Tuesday  Wednesday  Thursday  Friday

Saturday  Sunday

Available for special events or outings:  Yes  No

Why are you interested in volunteering at our organization?

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What type of volunteering activities are you looking for?

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In which of the following areas would you be interested in volunteering? (Check all that apply)

- Fundraising  Research  Special events  Public speaking
- Prison Outreach  Marketing  Training & Development
- Events Planning  Website

**Screening:**

Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. A police records check may be required and reference checks are required for all volunteers. Please provide the names of two references that we may contact.

We would like to contact two references (school, business or volunteer related, no family):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this reference:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this reference:

\_\_\_\_\_

**Commitment:**

- I agree to adhere to the Islamic Society of Central Florida policies, rules, and regulations.
- I agree to volunteer for this organization for a minimum of three months.
- I agree to attend a formal Volunteer Orientation and complete the required training.
- I understand that false information on this application may be cause for termination of volunteer service.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of applicants

\_\_\_\_\_ Date: \_\_\_\_\_  
If applicant is under 18, please add name and signature of parent/guardian

Date of Birth (Optional): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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**Emergency contact:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

Please list any medications, disabilities or health issues that we should be aware of in case of an emergency (allergies, contact lenses): \_\_\_\_\_  
\_\_\_\_\_

***Please return the completed form to:***

Islamic Society of Central Florida  
Operations Director  
1586 N. Goldenrod Rd.  
Orlando, FL 32807

Administrative Use Only - Please Do Not Write Below This Line

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Initial position: \_\_\_\_\_

**For Office Use Only:**

- Application received  Interview Complete
- Confidentiality Agreement  Data Entry
- Criminal Check Received  References Checked
- Volunteer Questionnaire  Pioneer agreement signed

Comments: \_\_\_\_\_