

Madina Center Volunteer Program Application

First Name: _____ Last Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Father's Full Name: _____

Mother's Full Name: _____

Parent's Email Address: _____

Parent's Cell-Phone Number: _____

Home Address: _____

High School Graduation Year: _____

Circle One: Freshman Sophomore Junior Senior

Why do you want to participate in this program?

What are some ideas you have that will make the Madina Center better?

Will you be able to complete three hours of volunteer work a week?

Will you be able to attend Thursday evening conference call meetings?

By signing this document, you agree to the best of your ability that all information on this form is correct. You make the sincere intention that you will complete your three hours of volunteer work a week for this program to be legible to receive a letter of recommendation, college application help, as well as signed volunteering hours from Madina Center. In the case you were not able to fulfill your required three hours a week quota you will inform your program leader insha'Allah. In the case, you are unable to attend the phone calls due to a family emergency or death, you will immediately contact the program leader. Remember that at the end of the day, any and all work we do for the Madina Center is to please Allah Subhanalla wa Ta'ala.

Signature: _____ Date: _____