

# NOOR ACADEMY OF ARIZONA VOLUNTEER APPLICATION FORM



Thank you for your interest in volunteering with *Noor Academy of Arizona*. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be held securely and confidentially. Only authorized staff will have access to your application.

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## SECTION I

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## SECTION II

Previous Volunteer Experience

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Occupation (Past occupation if retired):

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Other information that will help us match you to the best area (skills, general interests/hobbies):

\_\_\_\_\_

Languages Spoken:

\_\_\_\_\_

### SECTION III

#### Availability and Volunteer Assignment Preferences

*Please Check All That Are Applicable:*

- |                                     |                          |                    |                          |                      |                          |                       |
|-------------------------------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-----------------------|
| I Am Available                      | <input type="checkbox"/> | Mornings (Mon-Fri) | <input type="checkbox"/> | Afternoons (Mon-Fri) | <input type="checkbox"/> | Evenings (Mon-Fri)    |
|                                     | <input type="checkbox"/> | Weekends           | <input type="checkbox"/> | Once A Week          | <input type="checkbox"/> | More Than Once A Week |
|                                     | <input type="checkbox"/> | One Time Only      | <input type="checkbox"/> | As Needed            | <input type="checkbox"/> | OTHER                 |
| I Could Serve More Than One Person: | <input type="checkbox"/> | Yes                | <input type="checkbox"/> | No                   |                          |                       |

### SECTION IV

Do You Have A Valid (State) Driver's License?  Yes  No

License Number: \_\_\_\_\_

Have You Ever Been Convicted Of A Felony?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Do You Have A Valid Fingerprint Clearance Card?  Yes  No

Card Number: \_\_\_\_\_

CPR Certification?  Yes  No

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

Who To Notify In Case Of An Emergency? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities? Yes  No

If Yes, Please Explain: \_\_\_\_\_

**SECTION V**

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name	Relationship to you	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have provided information on this application for a volunteer position that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Noor Academy of Arizona. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Noor Academy of Arizona or my termination as a volunteer.

Signature \_\_\_\_\_

Date \_\_\_\_\_