

Volunteer Sign-up Form

IAR Social & Welfare Committee

Please complete this form if you are interested in becoming a volunteer for the IAR Social and Welfare committee

Last Name*: _____ First Name*: _____

Gender*: Male Female

Date of Birth** _____

*If under 18 years of age parental agreement is required (signature below). **Lower age limit to volunteer is 15 years or in High School if under 15 years.***

Education: _____

Languages Spoken*: English Arabic Urdu Other _____

Address*: Street _____ Apt _____
City _____ ZIP _____

Home Phone*: _____ Cell Phone: _____ Work Phone: _____

Email Address*: _____

Availability*: I wish to volunteer for up to _____ hrs per week month
Days & Time: _____

Do you own a Van Truck Car No, I do not own a vehicle
If you own any of the above, are you willing to use it occasionally for transporting people or goods? Yes No

Driver's License Number: _____ State: _____

Past Volunteer Experience: _____

References*: 1. _____ Phone# _____
2. _____ Phone# _____

Note: The IAR Social & Welfare Committee (SW-C) reserves the right to perform a Background Check on volunteers at the time of application or any time while the volunteer continues to serve on the SW-C

Waiver: I have read and understand the Volunteer Guidelines and Safety Rules, and I accept full responsibility for my participation in this program and understand that IAR, or IAR SW-C, or any IAR worker, volunteer or associate does not bear any responsibility or liability for any injuries that may result while carrying out assignments at IAR premises, or at locations where the volunteer work is being performed.

Signature: _____ Date: _____

* Required Fields

**** Parental Agreement required if candidate is less than 18 years of age (lower age limit to volunteer is 15 years or attending High School)**

I have read and understand this application, the Volunteer Guidelines & Safety Rules, and the Waiver, and am in agreement; and I give my child permission to be a volunteer at IAR.

Parent Signature _____ Date: _____

Parent's Name (Print) _____

Address: _____

For Office Use only

Approved _____ Approve by (Name) _____ Date _____

Initiation Interview Conducted by: _____ Date: _____

Volunteer Start Date _____