**Volunteer Registration Form**

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| Title: |  |
| Name |  |
| Address: |  |
| Contact Number: |  |
| E-mail: |  |
| Age: |  |
| Gender: |  |
| I would like to volunteer for:(please circle all that apply) | * Administrative
* Fundraising
* Dawah and Education
* Social Media and Web Site
* IT
* Ramadan activities
* Eid Steward(ess)
* Other
 |
| If you have any particular skills, qualifications or interests that can support the masjid, please mention them here. |  |
| Do you have a valid DBS (Disclosure Barring Service) Certificate? | • YES• NO |
| Emergency Contact?Please provide details in case of emergency. (name and contact number) |  |
| Relationship to emergency contact? |  |
| **Health Conditions/Access Requirements?** Do you have any additional needs, health issues or allergies that we need to be aware of? *If you have answered yes to the above question please provide further information.* |  |
| I consent to Luton Islamic Centre to contact me for future events and campaigns via:(please circle all that apply). | • Text / Whatsapp • E-mail• Do not contact me |
| Declaration:I confirm that the information provided is true and accurate. | Signed:Date: |

Please email this form to info@lutonislamiccentre.com. Also you may wish to send us your CV.