

VOLUNTEER APPLICATION FORM

AL-IMDAAD FOUNDATION



AL-IMDAAD FOUNDATION

*“Striving to serve Humanity”***PLEASE READ CAREFULLY**

Thank you for your interest in Al-Imdaad Foundation. In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered. All information will be treated confidentially. Al-Imdaad Foundation considers applicants for all volunteer positions without regard to race, colour, religion, gender, age, origin, or physical status.

YOUR AREA OF EXPERTISE (Tick applicable boxes)

- Search & Rescue Emergency Relief Health & Medical Winter Warmth
 Logistics Distributions Orphan & Child Care Water & Sanitation
 Widows Care Disaster Preparedness Housing & Shelter Social Welfare
 Counselling Food Aid & Nutrition (Hamper Packaging) Islamic Programmes
 Economic Empowerment / Advice Education & Skills Development

PERSONAL DETAILS

Name				Middle		
Surname				Alias		
Date of Birth	DD	MM	YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Tel.	
Home Tel.				Office Tel.		
Home Address				Office Address		
	Postcode				Postcode	
Email				Office Fax		
Occupation			Specialised in			Organisation
Language(s)	Spoken:	Written:		Passport no.		
				Expiry Date		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Nationality			Blood Group

VOLUNTEER APPLICATION FORM (continued...)

Skills & Interest (Please tick wherever relevant)

- | | | |
|---|--|--|
| <input type="checkbox"/> Admin/HR | <input type="checkbox"/> Training | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Handy work | <input type="checkbox"/> Media | <input type="checkbox"/> Woman/Child Development |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> IT | <input type="checkbox"/> Carpentry/Construction |
| <input type="checkbox"/> Exhibitions/Events | <input type="checkbox"/> Video Production | <input type="checkbox"/> Publications/Photography |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Counselling/Psychosocial |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Carpentry/Construction | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Woman/Child Development | <input type="checkbox"/> Other <i>(please specify)</i> |

EMERGENCY CONTACT

1st Contact Person		2nd Contact Person	
Name		Name	
Surname		Surname	
Relationship		Relationship	
Address		Address	
	Postcode		Postcode
Tel no.		Tel no.	
Mobile no.		Mobile no.	

CONVICTIONS

Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

- Yes No

If you have ticked yes, summarise details below.

Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

INDEMNITY

(To be completed by applicant)

1. I _____, hereby indemnify and hold the AL IMDAAD FOUNDATION, it's trustees, staff, personnel, representatives and whomsoever is directly associated against any claim or demand arising from death, sickness or injury to myself or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my participation in any such activities and/or such humanitarian operations/programme.

2. I agree that, if in the opinion of the head of the delegation (Ameer) of any Humanitarian/Relief operation or his delegated deputy an emergency has arisen and medical treatment be deemed necessary for myself, the head of the delegation (Ameer) or his delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.

3. I accept that all precautions will be taken to ensure the safety and welfare of myself and colleagues and that I will be held responsible for the payment of medical and/or hospital accounts where applicable

4. As far as I am aware, I am physically capable of participating in humanitarian activities and I am in good health.

5. I also acknowledge and state that I am in no way associated with any terrorist group, organisation and free of any ideologies, activities or propagation of a terroristic nature. I also admit that I am free of any intentions, thoughts, etc. that will bring the AL IMDAAD FOUNDATION, it's trustees, staff, personnel, representatives and whomsoever is directly associated into any disrepute or harm.

6. The following information is essential in case of medical treatment or hospitalisation:

6.1 Name of Travel Insurance: _____

Membership No: _____

6.2 Name of your Family Doctor: _____

6.3 Surgery Address: _____

ACKNOWLEDGEMENT

I declare that the information provided above, in the best of my knowledge, is true and correct. I agree to abide by all rules and regulations set by the AL IMDAAD FOUNDATION and am fully aware that AL-IMDAAD FOUNDATION has the right to reject or suspend my application should there be any false information provided in this application form or found to be incorrect.

Signature: _____

Date: _____

VOLUNTEER APPLICATION FORM (continued...)



NOTE:

CHECKLIST

Please submit the following documents when applying:

- Your CV for our reference and retention;
- Photocopy of passport and ID document;
- 2 copies of passport-sized photos;
- Letter of support from your local Imaam/ Community leader/ Teacher etc.

To be nominated for any International Relief Mission/Operation, you are required to serve in at least THREE of our National Relief Missions/Operations or Humanitarian Programmes. You will also be required to have some basic training or experience before you are deployed to any International Relief Mission/Operation.

PLEASE SEND YOUR COMPLETED FORM TO:

Al Imdaad Foundation

AIF Volunteer Management Department
PO Box 531, Keighley, BD21 9DE, United Kingdom

Telephone: 0800 681 6011

Call Centre: 0861 786 243

Mobile: +44 7432659999

Website: www.alimdaad.com

Email: volunteer@alimdaad.com

FOR OFFICE USE ONLY

Reference	<input type="checkbox"/> Post	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Personal
Date received				by:
Application	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	by:
Remarks : _____				

Volunteer Registration no.				