Islamic Center of Fredericksburg

7020 Harrison Rd., Fredericksburg, VA 22407
www.islamiccf.org

Volunteer Registration Form

Name :

Address:

Contact Information (Please indicate preferred method of contact)

Cell:

Email:

Home: Other:

Availability (circle) Mon Tue Wed Thu Fri Sat Sun
Time:

Skills/Talents (Please list all skills you can volunteer)

Your Preferred Volunteer Work (How can you help? What would you like to do?):

	Publication and art design.		**Web Design**
	Marketing/ Communication.		**Event Planning**
	Finance/Accounting		**Women Issues**
	Fundraising		**Youth Mentoring**
	Quran Teaching		**New Muslim Mentoring**
	Arabic Language		**Sports Coaching**
	Tutoring (Subject) _____		**Engineering/Construction**
	Other (specify) _____		

For Office Use Only:

Date Contacted: Contacted By: Work Assigned:

Date Assigned: