

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

VOLUNTEER FORM

Assalaamu alaikum wa rahmatullahi wa barakatahu. We are truly grateful for brothers and sisters, such as yourself, who make the effort to volunteer. Please take a few minutes to fill out the information below. This will help us best use your talents and gifts to give our children the greatest possible benefit. Again, thank you so much for your effort to connect with our school. Jazakallahu Khayran.

FULL NAME OF VOLUNTEER: _____

VOLUNTEER'S ADDRESS: _____

VOLUNTEER'S PHONE NUMBER: _____

| BEST TIME TO CALL: _____

VOLUNTEER'S EMAIL: _____

WHEN ARE YOU AVAILABLE? _____

MY EXPERIENCE WORKING IN AN ELEMENTARY SCHOOL ENVIRONMENT:

NONE [] 1-3 YEARS [] 4-5 YEARS [] 5+ YEARS [] 10+YEARS [] 20+YEARS []

MY EXPERIENCE SERVING AS A VOLUNTEER:

NONE [] 1-3 YEARS [] 4-5 YEARS [] 5+ YEARS [] 10+YEARS [] 20+YEARS []

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES [] NO [] IF YES, EXPLAIN: _____

SKILLS & INTERESTS

PLEASE TELL US, BRIEFLY, ABOUT YOUR INTERESTS AND SKILLS. FOR EXAMPLE, DO YOU SPEAK MORE THAN ONE LANGUAGE? ARE YOU A SKILLED TYPIST? DO YOU HAVE MECHANICAL SKILL IN CARPENTRY, HVAC, ELECTRICAL ENGINEERING, OR PLUMBING? HOW DO YOU THINK YOU CAN HELP OUR SCHOOL? DO YOU HAVE TIME TO ANSWER PHONES AND FILE PAPERWORK? DO YOU ENJOY SPORTS? HAVE YOU EVER COACHED A CHILDREN'S TEAM? **PLEASE BE SURE WE CAN READ WHAT YOU WRITE!**

BY SIGNING BELOW, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED ABOVE IS FACTUAL. I HEREBY ASSERT MY INTENTION TO SERVE AS A VOLUNTEER AT **THE HUDA ACADEMY**.

Signature of Volunteer

Date