



All information gathered will be kept confidential and be used only by the MWF Canada.

GENERAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address (Including postal code): _____

_____ Gender: Male Female

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

Do you have a valid driving licence Yes No

WHAT MOTIVATED YOU TO VOLUNTEER WITH MWF CANADA?

- | | | |
|---|---|--|
| <input type="checkbox"/> MWF's Aims & Objectives | <input type="checkbox"/> Use my existing skills | <input type="checkbox"/> Help needy people |
| <input type="checkbox"/> Help Humanitarian Causes | <input type="checkbox"/> Learning new skills | <input type="checkbox"/> Can supports my studiess |
| <input type="checkbox"/> Make beneficial use of my spare time | <input type="checkbox"/> Make friends | <input type="checkbox"/> Can helps build my career |

WHICH ROLE WOULD INTEREST YOU?

- | | |
|---|--|
| <input type="checkbox"/> Help fundraising for MWF Canada | <input type="checkbox"/> Spread the message through social media |
| <input type="checkbox"/> Help MWF during Ramadan/Qurbani projects | <input type="checkbox"/> Office/Admin Help (MWF Canada office) |
| <input type="checkbox"/> Take part in promoting of MWF projects | <input type="checkbox"/> Other |

PREVIOUS EXPERIENCE

Have you previously volunteered with MWF Canada? Yes No

Have you previously worked with any other non-profit organization? Yes No

Please give details of any qualifications/knowledge, specific skills, training and experience which you feel may help us assigning any relevant voluntary placement. Additional information may be required upon assigning suitable roles. (use additional sheet if requires). (Please note that certain qualifications, training and previous experience are not required for voluntary positions as training and support specific to the role will provided upon selection.)

Declaration: I understand that I am not applying for a paid position. I declare that to the best of my knowledge the information I have given on this form is true and current. I understand that a false statement may result in termination of a voluntary appointment made from the information provided here.

Sign: _____ Date: MM / DD / YYYY

Please return completed application form to:

MINHAJ WELFARE FOUNDATION CANADA

📍 2505 Dixie Road, Mississauga, ON, Canada L4Y 2A1

✉ info@MinhajWelfare.ca

🌐 www.MinhajWelfare.ca