VOLUNTEER APPLICATION

(Assistant Swim Instructor Program)

Thanks for your interest in program. This is a great activity for kids, ages 12 and older. You will make new friends, learn fantastic skills, and be part of a team. We want to know about your availability, so please fill out this form and return it to the Fajr Memorial Foundation soon!

Family’s Last Name: ------------------------------------------------------------------------

Applicant Name : First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: ----------------------------------- M / F DOB: / /

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Emergency Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: DAD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / MOM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Applicable

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: --------------------------------------------- M / F DOB: / /

Child:----------------------------------------------- M / F DOB: / /

Child:----------------------------------------------- M / F DOB: / /

Home Phone:---------------------------------------------------------------------------------------------------

Release:

I/We do hereby release, acquit and forever discharge the FMF, its agents and employees from and against any and all liability, claims, actions, causes of action, lawsuits, cost, fees or expenses relating to or arising out of any and all injuries or damage which may result or arise from or out of my/our participation in such activities. I/We hereby assume the responsibility for any and all risk of participating in such activities. Also, I hereby consent to use of photos or videos of my participation in FMF activities to be used for promotional purposes.

FMF will be requesting back ground Check or a Letter of recommendation from a Public Officer.

The terms of this Release are contractual and not merely recitals.

I/We further state that I/We have read this Release, know and understand its contents, and sign the same as my own free act and deed.

Parent Signature: ------------------------------------------------------------------------ Date: / /

Spouse Signature:------------------------------------------------------------------------ Date: / /

For Office Use Only

Household #:

Entered By:

Date: / /

Approved / Denied / on hold

(PLEASE PRINT NEATLY)

Please send your Application with a copy of your Id to

Fajr Memorial Foundation

PO Box 620791

Little Neck, NY 11362