



# ISLAMIC CENTRE OF MARKHAM

1330 Castlemore Ave., Markham, ON L6E 1A4 Canada  
Tel: (905) 209-8200 | info@daruliman.org | <https://daruliman.org>

## Application for class "C" Associate membership (To become a volunteer)

Full Name: \_\_\_\_\_

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

Phone home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Current occupation \_\_\_\_\_

Language(s) Written / Spoken: \_\_\_\_\_

Availability: Please select one or more of following options: Please circle.

Any day-(Daytime), (Evening), (Weeknights}, (Weekends), Other \_\_\_\_\_

Hours availability per week \_\_\_\_\_

Technical skills, if any. Please list \_\_\_\_\_

Volunteer work experience: \_\_\_\_\_

Volunteer role of your interest: Please select from the following committees:

1. IT and Communication Committee
2. Dawa activities Committee (Community outreach)
3. Events Committee- include Ramadan iftar etc.
4. Education and Religious affairs Committee
5. Fundraising Committee
6. Operations Committee
7. Safety and Security Committee
8. Sports Committee
9. Youth Committee
10. Seniors program Committee

I confirm that if selected, I will abide by all the rules and regulations as per constitution, by-laws and policies of ICM.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(yyyy-mm-dd)

Please submit this form to our administration office in original.