

Muslim Academy of Greater Orlando

11551 Ruby Lake Road, Orlando, Florida 32836

Virtue, Strength, Wisdom

Tel: 407-238-0144

Fax: 407-238-4689

Site: www.magorlando.net

Email: admin@magorlando.net

MAGO Volunteer Application

Personal Information

Name: _____
Last First Middle

Address: _____ City: _____

State: FL Zip Code: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Dates/Hours Available

Earliest Start Date: _____ Latest End Date: _____

Place a check next to the times that you are available (you may check more than one):

8am-9am 11am-12pm 2pm-3pm 9am-10am 12pm-1pm
 3pm-4pm 10am-11am 1pm-2pm 4pm-6pm

Are you available for the weekends:

Saturday Sunday School Vacation Days (see Calendar)

Academic Information

Academic Level Completed: _____ Degree Area: _____

Specialization: _____

Field of Interest:

Quran/Arabic Tutor Physical Education Library
 Montessori Teacher Assistant Home Economics/Health/Cooking Security
 English/Social Studies Tutor Islamic Studies Tutor Gardening
 Math/Science Tutor Curriculum Development Lunchroom Attendant
 Elementary Teaches Assistant Field Trip Chaperone Computer Lab
 Middle School Teacher Assistant Mass Communication/TV Production Handy work/Construction
 Other (please specify)

If you have checked "other" from the above list, please specify your major and /or interest here:

Experience/Skills:

Employment (present): _____ Certification/Licenses: _____

Skills:

Computer Technical IT Typing Organizing Internet CDL Driver
 Carpentry LPN/PA Day Care Marketing Art Design Public Speaking

Other (Specify)

If you have checked "other" from the above list, please specify your major and/or interest here: _____ Languages: _____

Criminal/Background Info:

Have you ever been convicted of any crime, whether a misdemeanor or felony? Y / N
Will you submit to a drug and background test if necessary? Y / N
Do you agree to a background investigation including a criminal background investigation? Y / N

Emergency:

In case of emergency, please call:

1. Name: _____
First Last Relationship
Work Phone: _____ Cell Phone: _____

2. Name: _____
First Last Relationship
Work Phone: _____ Cell Phone: _____

Signature _____ Date _____