

Volunteer Application

First Name *		
Second Name *		
Gender		
Male		
Female		
Date of Birth		
Mobile number *		
Address *		
Email address *		
Occupation If any		
Emergency Contac In the event of an encontact	t Name * nergency please nominate a responsible person over the age of	of 18yrs we sh
Emergency Contac	t Number *	<u> </u>
	e to get involved with Islamic Foundation of Ireland (IFI)	

How would you like to be involved											
。	Admin										
。	Fundraising										
。	Events – Eid/Open day etc.										
。	Youth Camp										
。	Other:										
Languages Spoken											
8 8	•										
Availability											
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun				
Morning	0	0	0	C	C	0	0				
Afternoon	0	0	0	0	0	0	0	-			
Evening	C	0	C	C	C	C	C				
I understand that as a volunteer, I may become privy to confidential information about Islamic Foundation of Ireland * I agree to maintain the confidentiality of any information marked 'confidential' as well as any information about Islamic Foundation of Ireland (IFI) internal procedures, business operations, existing or prospective donor information, proprietary business information, personnel information and the like that is not otherwise publicly disclosed by Islamic Foundation of Ireland (IFI). O I Agree											

In accordance with the 1988 Data Protection Act, I agree that Islamic Foundation of Ireland (IFI) may hold and use personal information about me for volunteering reasons and to keep in touch with

me. This information, including that contained in this form can be stored on both manual and

computer files. It will be held securely and only accessed by authorized personnel.

1988 Data Protection Act *

o I agree