

Islamic Society of Tampa Bay Area

7326 E. Sligh Ave. Tampa, Florida 33610 Telephone: 813-628-0007

Volunteer Registration Form

Earn rewards from Allah (swt) by helping out at the Masjid whenever you can!

The Prophet (saws) said, "There are two blessings which many people do not take advantage of: health and free time for doing good."

Students will receive an appreciation letter for community service at ISTABA upon completion of 10 volunteer hours.

I would be willing to volunteer in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Parking Lot Maintenance | <input type="checkbox"/> Library |
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Food Pantry | Ramadan <input type="checkbox"/> Parking <input type="checkbox"/> Food Serving & Preparation <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Professional Services: _____ | |
| <input type="checkbox"/> Other: _____ | |

Availability:

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Anytime | | |
| <input type="checkbox"/> Mon | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tues | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wed | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thurs | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Fri | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sat | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sun | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |

Dates & Hours Requested:

If you would like to volunteer on specific dates & times, please list those dates & times here:

NAME:		SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ADDRESS:			APT#
CITY:		STATE:	ZIP CODE:
HOME TEL #:		MOBILE TEL #:	
EMAIL:		TODAY'S DATE:	
<input type="checkbox"/> ADD ME TO THE MAILING LIST <input type="checkbox"/> I AM ALREADY ON THE MAILING LIST <input type="checkbox"/> DO NOT ADD ME TO THE MAILING LIST			

Please submit your completed form to ISTABA's Administration Office.