



BAITUL MUKARRAM ACADEMY (BMA)

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VOLUNTEER'S Information & Registration Form

(Please complete this **FORM**, attach **RESUME**, & submit to **BMA** office)

Rf:12082015bma

Section A: Volunteer's Particulars

Name:; Gender:

Birth Place:; Legal Status:

Mailing Address: Apt. / House #:; Street:

City:; Province:; Postal Code:

Home Tel/Cell:; E-mail:

Section B: Academic Qualification and Area of Expertise & Interest

Education: 1); 2); 3)

Areas of Expertise: 1); 2); 3)

Areas of Interest: 1); 2); 3)

Section C: Referral Information (Other than relatives)

1. Name:; Relation:; Tel:

2. Name:; Relation:; Tel:

Section D: Brief Work Experience

Section E: Declaration & Signature

I, the undersigned, understand and agree to follow the rules and regulations of BMA.

Volunteer's Signature: **Date (dd/mm/yy):** / /

Section F: Space for BMA Office

Volunteer ID: **Starting Date (d/m/y):** / / **Time:**

BMA Admin (Name & Sign):

Note: Registration will be completed upon completion of this FORM with signature.