



MASJID-E FAROOQ-E AZAM

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PLEASE TELL US ABOUT YOURSELF

Contact Information (Please type or print clearly)

First Name:		Last Name:	
Address:	City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:	
E-mail Address:		Profession:	

Special Skills

- | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrician | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Teaching | <input type="checkbox"/> Audio/Video | <input type="checkbox"/> Maintenance |

Other skill (Please specify)

1. _____ 2. _____ 3. _____

Are you interested in volunteer work ? YES / NO

Best Time Available For Volunteering : DAY : Mon / Tues / Wed / Thur / Fri / Sat / Sun

Time : _____

Tell About Yourself:

Any Suggestions ?

PLEASE RETURN TO THE OFFICE