

**MUSLIM CHAPLAIN SERVICES OF VIRGINIA**  
P.O. Box 13019, Richmond, VA 23225-0019

## **Volunteer Sign-up Form**

**A minimum of 4 hours per/ month is all you need to volunteer**

Today's date: \_\_\_\_\_

Note: If you volunteer, we will provide you with proper orientation and, if needed, provide you the necessary training before you start the actual volunteer work.

What are your interest areas?

Visit Muslim Men in Prisons: \_\_\_\_\_

Visit Muslim Women in Prisons: \_\_\_\_\_

Visit Muslim Youth in Prisons: \_\_\_\_\_

Work as a Mentor with a Hijrah House residents: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Contact Information: (Please print)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have any past volunteer experience: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If, yes please describe the type of volunteer work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail the completed form to MCSVA PO Box 13019, Richmond, VA 23225**