Tri-City Iranian Cultural Society
Volunteer Application

PERSONAL INFORMATION:

Name: _____

<div style="text-align:center">Surname   First Name</div>

Address: _____

Number   Street   City   Postal Code

Telephone Number: _____

Home   Cell   Work

Email Address: _____

Age Group: ☐14-20   ☐21-30   ☐31-40   ☐41-50   ☐51-60   ☐Over 60

I have the following Interest / Hobbies / Skills / Education:

_____

_____

_____

Do you consent to having a criminal record check? (If working with children) ☐Yes   ☐No

Would you like to become a TCICS member? (if not a member yet)   ☐Yes   ☐No

Would you like to be added to TCICS email list?   ☐Yes   ☐No

Language Skills:

Farsi: ☐Speak   ☐Read   ☐Write

English: ☐Speak   ☐Read   ☐Write