



AMSS Ambassador/Volunteer Application

Ambassador/Volunteer Applicant Information:

Full Name:	Date:
Phone:	
Email:	
Address:	Zip Code:
Driver's License (volunteer drivers only):	
Date of Birth:	Age: Race/Ethnicity:
Spoken Language(s):	Primary Language:
How did you hear about AMSS?	

Volunteer Opportunities (Check all you can offer)

Please note your availability in the area(s) of interest to you:

Offered Services	Availability(days, times, etc.)
Transportation Services: <ul style="list-style-type: none"> <input type="checkbox"/> Medical Appointments <input type="checkbox"/> Shopping <input type="checkbox"/> Social Activities <input type="checkbox"/> Food Delivery Service <input type="checkbox"/> Others 	
Home Visits/Friendly Services: <ul style="list-style-type: none"> <input type="checkbox"/> Visits <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Paperwork (pay bills, fill out forms) <input type="checkbox"/> Minor repairs (change light bulbs, etc.) <input type="checkbox"/> Others 	
Communication Services: <ul style="list-style-type: none"> <input type="checkbox"/> Check-ins <input type="checkbox"/> Reminder calls <input type="checkbox"/> Connection to county resources <input type="checkbox"/> Translation 	
Your talents: Please tell us what other talents you can bring to AMSS in support of your community.	

For Office Use Only
 Background Check
 Information in database
 File created
 Letters sent

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 All information is intended for American Muslim Senior Society (AMSS).
 It is strictly prohibited to copy or distribute this form outside of AMSS members, staff, or offices.