



Enhance the understanding of Islam, encourage dialogue, protect civil liberties, empower American Muslims, and build coalitions that promote justice and mutual understanding.

Volunteer/Intern Information

Name:	
Address:	
City, State, Zip Code	
Telephone (home):	Telephone (work):
Email:	Fax:
Cellular:	Pager:
General Skills:	

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Is there any health information you would like us to know about (drug allergies, etc?)

Employment:

Current Employer: _____ Position: _____

Past Employer: _____ Position: _____

Education

High School/GED: _____ College/University: _____

Special Training: _____

Are you presently attending school? Yes No

Will you be receiving academic credit for your volunteer work? Yes No

How did you hear about volunteer opportunities with CAIR-MN? _____

What community organizations do you belong to? _____

Availability	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

NUMBER OF HOURS PER WEEK AVAILIABLE: _____ SCHEDULE VALID UNTIL: ___/___/___

Which department(s) are you interested in?

Civil Rights Communications Governmental Relations Operations Outreach

References

Name	Relationship	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Background Check Consent Form

I authorize CAIR-MN to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state (including the MN Bureau of Criminal Apprehension), or county level, or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to academic achievement, job performance, attendance, driving history, and criminal history records.

If currently employed: ___ Yes, my current employer may be contacted.
 ___ No, my current employer may not be contacted.

I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on my application form and/or my resume are true and complete to the best of my knowledge. I understand that if subsequent to employment or appointment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of employment or appointment make by CAIR-MN.

I am willing that a photocopy of this authorization be accepted with the same authorization as the original and this release expires one year after the date of origination.

Note: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Application. PRINT CLEARLY.

Last name, First Name, Middle Name

Social Security Number

List any other names used

Street Address

City

State

Zip

Drivers License #

State of License

Expires On

Date of Birth

List any other Cities and States in which you lived during the last 7 years:

_____, _____, _____, _____
_____, _____, _____, _____

Signature _____ Date _____

Please attach your resume and submit to: info@mn.cair.com
or mail to: CAIR-MN, 2021 E. Hennepin Ave. Minneapolis, MN 55413