



(In the name of Allah. the Most Gracious. the Most Merciful)



The Gungahlin Mosque Islamic

Teacher/Volunteer Information Form

Personal Details					
First Name(s):	Surname:				
* Working with Vul People Reg. No.			WwVP Ex	xpiry Date:	
Home Address:					
Postal Address:					
Telephone:	Home:		Work		
Mobile:					
Email:					
Qualifications/ Educat	ional background and details	6			
1		3			
2		4			
Occupation:		•			
Teaching Experience:	(if volunteering as a teacher)			
Any experience tead Islamic Studies befo	ching Arabic, Quran or ore:				
Who recommended	you as a teacher for GMIS	?			
Skills that you could	d use/share for GMIS:				
I can teach (please tick):			Arabic	Quran	Islamic Studies

Volunteer Declaration: I would like to join the Gungahlin Mosque Islamic School as a volunteer.

I am available for one, two or three class every

week, please tick on the box appropriate

I am volunteering as (please specify):			
I can be at GMIS every Sunday (during school te	rm) from 10am to 1:15pm		
I can only be at GMIS part-time (one or two hours) or when the need.			
Applicant Signature:	Date:		
* If you do not have registration for Working with Vulnerable People, you need	to apply before you can commence (and notify the		

Office Use:

Notes:	
Chairman/Principal Signature:	Date:

^{*} If you do not have registration for Working with Vulnerable People, you need to apply before you can commence (and notify the GMIS Office as soon as registration is received): https://form.act.gov.au/smartforms/landing.htm?formCode=1318