



Volunteer Application

Personal Information

LAST NAME	FIRST NAME	M.I.	DAY PHONE	EVENING PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY

If under 18 years of age, give name of parent or guardian

LAST NAME	FIRST NAME	M.I.
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Person to notify in case of emergency

LAST NAME	FIRST NAME	M.I.	DAY PHONE	EVENING PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE	

Education

HIGHEST EDUCATION LEVEL ACHIEVED	SCHOOL
LIST ANY QUALIFICATIONS, SKILLS, OR INTERESTS:	

Please list two personal references:

LAST NAME	FIRST NAME	M.I.	OCCUPATION	PHONE	
STREET ADDRESS			CITY	STATE	ZIP CODE
LAST NAME	FIRST NAME	M.I.	OCCUPATION	PHONE	
STREET ADDRESS			CITY	STATE	ZIP CODE

Website: www.myainak.org

Tax ID: 81-0860783

AINAK is registered as a non-profit under section 501C3 of the Internal Revenue Code



Please explain why you want to participate in AINAK:

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What do you expect to gain from this experience?

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SIGNATURE OF APPLICANT	DATE
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