



I.S.S.O.
Midwest Swaminarayan Temple, Itasca (Chicago)
Volunteer Application



(Please Print)

Name: _____
 Last Name _____ First Name _____ Middle Name _____

Address: _____
 Number and Street _____ Apt. No. _____

City _____ State _____ Zip/Postal Code _____

Age _____ Gender: Male Female

Phone No: _____
 Home _____ Mobile _____

E-Mail: _____

In which of the following activity would you like to participate? (Please rank your choice)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accommodation for Hari Bhakto | <input type="checkbox"/> Annakut Arrangement | <input type="checkbox"/> Audio/Video | <input type="checkbox"/> Bookstore |
| <input type="checkbox"/> Decoration | | <input type="checkbox"/> Donation Management | |
| <input type="checkbox"/> Food/Serving | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Kirtan Mandal Arrangement | |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Sabha Coordination | <input type="checkbox"/> Security | <input type="checkbox"/> Sobha Yatra |
| <input type="checkbox"/> Website & Updates | <input type="checkbox"/> Yagna Setup | <input type="checkbox"/> Yuvak Mandal Program | <input type="checkbox"/> Yuvak Mandal Camp |

What time of the day will you be available to help?

_____	_____	_____	_____
Monday	Tuesday	Wednesday	Thursday
_____	_____	_____	
Friday	Saturday	Sunday	

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Note: Parent's Signature required only if applicant is less than 18 years old

Contact: Purvish patel 630-747-5509 Vivek Brahmhatt 630 - 258 - 9441