

CONFIDENTIAL – KINGSTON MUSLIM ASSOCIATION (KMA)

Status:*	Surname:*	Other Names:*
(Prof/Dr/Etc)		
Contact TelePhone Numbers:*	Mobile:*	Residence Address:*
	Home:*	
	Office:*	Post Code:*

Are you a (paid up) Member Of the KMA ? : NO* / YES* - Since*.....(Year)

Email 1:*..... Number of years Kingston Resident:*.....

KINGSTON MUSLIM ASSOCIATION (KMA) – APPRAISAL / EVALUATION

*List all Your Concerns and Complaints here – You are also welcome to include any Compliments; regarding Kingston Mosque – for consideration by the KMA Committee.**

A REPLY IS* / IS NOT* REQUIRED

IF NECESSARY PLEASE CONTINUE OVERLEAF

SKILLS AUDIT SURVEY TO IDENTIFY POTENTIAL VOLUNTEERS TO SERVE THEIR MUSLIM COMMUNITY

Availability average number of Hours per Week*.....	Availability Saturdays/Sundays between*.....
Community Service – Hospital and Home Visits	} Suggested areas of contribution... This is by no mean a complete list... Volunteer requested to notify own offer... Offers subject to development and meeting local needs
Youth Development – Adventure Training and Sport	
Education and Training – Language, Maths, Misc Skills	
Other Skills you have to pass on to Muslim Community	

Also indicate here if you are willing to serve on a Committee/or represent the Community on other local Forums/Panels

*Taking into consideration each of the above Options – including Your own Suggestions – Please articulate here – How You could make a difference serving Your Community:**

IF NECESSARY PLEASE CONTINUE OVERLEAF

Date Completed:*.....December.2004	*.....Signature
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(*Asterisk indicates - Please delete or complete as applicable)

Send to:- Chairman KMA The Mosque 55 East Road KINGSTON UPON THAMES KT2 6EJ