

**Al Zahra Association – Youth & Adult
Expression of Interest Form**

Baith Ul Zahra offers - offers a vibrant and exciting youth support program designed to engage our young community members through various activities such as arts, health and beauty, Islamic arts and calligraphy, games, and youth mentorship. A significant component of our program includes exploring the teachings of "Who is Imam Mehdi (AS)?" alongside many other enriching topics. Recognizing that youth are the hope of our community,

Baith Ul Zahra provides a unique space where young people can learn new skills, access resumes, and search support, and connect with their peers in a safe and supportive environment. Grounded in the teachings of the Quran and Ahlulbayt (AS), our program fosters personal growth and community bonding, ensuring that our youth are well-equipped for the future while staying rooted in their values. Join us for a journey of discovery, empowerment, and fellowship!

- 14-19 years old Youth
- Female Adults
- Volunteering
- Attend weekly Youth Program as Participant only
- Teacher Training
- Counselling

Al Zahra Association – Youth & Adults
Expression of Interest Form

Please read thoroughly, fill and sign this form. We will collect and review each of the expression of Interest forms. In the next three days from the date of form submission, we will get back to you all.

Please complete the following information

Legal First Name: _____

Middle Name: _____

Family Name: _____

Gender: Male Female Other

Date of Birth: Day/ Month / Year _____

Age: _____

Primary - Paren/Legal Guardian Full Name: _____

Primary - Parent/Legal Guardian Contact Number:

Secondary - Paren/Legal Guardian Full Name:

Secondary - Parent/Legal Guardian Contact Number:

Address: _____

Suburb: _____

Postcode: _____

State: _____

Email Address: _____

Emergency Person Contact Name: _____

Emergency Person Contact Number: _____

What is the main language spoken at home? _____

Do you have a developmental delay or disability including intellectual, sensory or physical Impairment?

Yes No

If yes, please specify: _____

Are you registered with a specific support service/agency? Name of support service/agency:

Do you have any medical conditions that we need to know? Or any other concerns?

Yes No

If yes, please specify: _____

What are your expectations from Baith Ul Zahra?

How many days would you be able to commit as part of Youth Program at Baith Ul Zahra

- weekly
- monthly
- every 2 month

What are your preferred timings for Youth Events over the weekend to be held such as café and Youth Programs?

- morning
 - afternoon
 - morning & afternoon
-

Which areas are you interested in?

- Youth Volunteering
- Attend weekly Youth Program as Participant only
- Teacher Training
- Counselling

Would you consent for your images or information to be used on Baith Ul Zahra's social media platform and website?

- Yes
 - No
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Any other suggestions or expectations please write it here

Signature of parent/guardian of youth under 18: _____

Signature of individual over 18: _____

Date: ____/____/____

If there are any changes to the provided information after you have lodged this form, please contact the Baith Ul Zahra via email at hr@ihunar.org