

# MASJID UMAR BIN KHATTAAB



(Islaamic Center of Mastic-Shirley)  
503-William Floyd Parkway ♦ Shirley, NY 11967  
Tax Exempt No. 11-3665178  
(631) 772-5161



## COMMUNITY SERVICE REQUEST FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Identification #: \_\_\_\_\_  
(Photocopy Needed) (Photocopy Needed)

Which Court or Agency has sent you to Islaamic Center of Mastic-Shirley? \_\_\_\_\_

What is your Case/Reference Number? \_\_\_\_\_  
(Photocopy Needed)

How many hours are you requesting to complete from MUBK? \_\_\_\_\_

What days are you planning to complete your community service hours? \_\_\_\_\_

What are the timings of those days are you willing to serve? \_\_\_\_\_

### **Important Note:**

Islaamic Center of Mastic-Shirley aka MUBK has the right to decline/deny any Community Service Request Form based on the MUBK committee members' discretion. This is simply an application form that has to be submitted to the MUBK Office and a response to the following Phone/Address will be used for any correspondence. Please allow at least 1 week to get an official response from the MUBK Office.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Submission Date