



VOLUNTEER MEMBER FORM

First Name		
Last Name		
Gender		Date of Birth (DD-MM-YYYY)
Occupation		Work Location
Address		Address Type
City, State		PIN or ZIP #
Home Phone #		Mobile #
Email		Alternate mail id:
Emergency Contact Name, Relation		Contact #
Why do you want to volunteer?		
Previous Volunteer Experiences, if any		
Languages spoken		
Preferred T-Shirt size (to wear foundation provided shirt at event)		

I am interested in volunteering for the following types of activities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Recipient's Home Visit and Verification | <input type="checkbox"/> Assisting with Fundraising | <input type="checkbox"/> Creative work |
| <input type="checkbox"/> Classroom Teaching | <input type="checkbox"/> Painting in School | <input type="checkbox"/> Spread the word of cause |
| <input type="checkbox"/> Assisting in Administration Office or Clerical work | <input type="checkbox"/> Gardening in School | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Books Collection for Library | <input type="checkbox"/> Helping at Events | <input type="checkbox"/> Counseling/Mentoring |
| <input type="checkbox"/> Event organizer | <input type="checkbox"/> Eye Checkup Camp | <input type="checkbox"/> |
| <input type="checkbox"/> Others (please specify) | | |

Availability

- Flexible Weekdays Weekends

Monetary Donations/ Contributions, if interested

- Monthly Semi-Annual Annual One Time Only

Declaration: I confirm that the information provided in this application form is correct to the best of my knowledge

Signature: _____

Date: _____