



Please Attached
Passport size
Photo

Volunteers Registration Form

1. Personal Details

a) Name (Full): _____

b) Father's/Husband's name _____

c) Date of Birth: _____

d) Marital Status: _____

e) Address: _____

f) Phone no: _____ (O) _____ (R)

_____ (M) _____ (Fax)

g) Email: _____

2. Educational Qualifications

Sr no	Exam passed	Year of passing	% of marks	University
1.	Degree			
2.	Post Graduate			
3.	Others			

a. Hobbies: _____

b. Skills: _____

c. Strengths (any four): _____

d. Weaknesses (any four) _____

3. Experience as volunteer

a) Past Experiences with United Way of Baroda (If any)

b) Other (Please specify in the table)

Sr no.	Name of the Organization	Duration	Type of work

4. Your field of interest (please tick and give priority)

a. Health care []

b. Women Empowerment []

c. Differently Abled []

d. Non formal Education (for children) : []

e. Non formal Education (for youth): []

f. Senior Citizens: []

g: Animal/Environment Welfare []

h. Others please specify []

5. Your Availability as Volunteer

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Preferred Time							

6. Area of work (Please tick in the brackets)

- a) Fundraising Events
 - b) Corporate Social Responsibility
 - c) Office Activities/Clerical Work/ Administration
 - d) Documentation:
 - e) Research
 - f) Working directly with community
 - g) If any others please specify
-

7. Your Expectation from the organization

- a) Appreciation []
- b) Recognition []
- c) Traveling incentives/ Expenses as actual []
- d) Any others please specify _____

8. Your Area of Expertise to contribute to the organization:

9. Suggestions or Recommendations

Date:

Signature of the Applicant

Rules and Regulations

1. A Volunteer is required to be punctual and be present at the required time and place.
2. A volunteer is required to maintain the decorum at the workplace.
3. If the conduct and the services do not meet the expectation of the organization then United Way of Baroda has the authority to terminate his/her service.
4. The final authority lies with United Way of Baroda to accept or reject any applicant.

Declaration

I hereby promise to abide by the Rules and Regulations of the Organization and perform the allocated services with the full responsibility and commitment.

Date:

Signature of Applicant

For Office use only

Code No: _____

1. Date of registration: _____

2. Area of service: _____

3. Name of the organization recommended for volunteer

4. Preferred Days and Time

5. Preferred Activity: _____

6. Signature of the authority: _____