

Introduction

- 1 Name(as on passport):
- 2 Email:
- 3 Address:
- 4 Phone No(s):
- 5 Date of Birth:
- 6 Current Occupation:
- 7 Currently employed under:
- 8 Official address:
- 9 Languages spoken:
- 10 Position applying for:
- 11 Educational Qualification:
- 12 If pursuing studies (specify the Institute, and the course)

Background Information

- 1 Father's Name:
- 2 Mother's Name:
- 3 Guardian's Name:
- 4 Have you ever been convicted of a criminal offence?
- 5 Have you ever been charged with neglect, abuse, or assault?
- 6 Do you have any physical limitations that might limit your ability to perform certain tasks?
- 7 Medical History (list any medical conditions, including medications taken). Please provide Medical Certificate which is mandatory.

Volunteering Specific

- 1 Why are you interested in volunteering at Balajee Sewa Sansthan?
- 2 Please list any volunteering service experience:
- What are your special skills, talents, and/or hobbies?
- 4 What do you expect to gain from your volunteer work?

- 5 What volunteer positions are you interested in?
- 6 Please specify your volunteering duration for the BSS projects. (in weeks and months)
- 7 Please specify accommodation type: (Write 'Y' for Yes and 'N' for No)

o Single Occupancy: Y/No Twin Sharing: Y/No Group Staying: Y/N

8 Indian meals with packaged/mineral water are provided in all types of accommodation, however, if you require specific food, we request you to make your own arrangement for which the cost is to be borne by you.

Please write 'Yes' for Indian meals and 'No' for own arrangement:

Yes/No

9 Airport Pick & Drop are provided along with Accommodation and Food. To avail additional services/facilities, please write Yes/No in the below listed services: (Please note that the cost for additional services are to be borne by you)

o Airport pickup: Y/N
o Local Transport: Y/N
o Accommodation: Y/N
o Office Lunch/Food: Y/N

Please note that we do not charge any fee to our volunteers, volunteer pay for their own travel, boarding, insurance and food.

REFERENCE:

Please list two adult references (non-relatives) with complete address & phone number:

1st Reference

First Name:

Last Name:

Last Name:

Address:

Phone No:

Email:

City:

Partal / Zin Code:

Pirst Name:

Last Name:

Address:

Phone No:

Email:

City:

Postal / Zin Code:

Postal / Zin Code

Postal / Zip Code: Postal / Zip Code:

EMERGENCY CONTACT INFORMATION

Please list two individuals whom we may contact in case of emergency

1st contact

First Name: Last Name:

Address: Phone No: Email:

City: Postal / Zip Code: Relationship with volunteer:

Date of Submission: