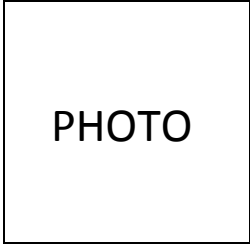




## VOLUNTEER REGISTRATION FORM



NAME :- .....

ADDRESS :- .....  
..... PIN.....

CONTACT NUMBER:- (1)..... (2).....

MAIL ID :- ..... DOB :- ..... GENDER(M/F/T):- .....

EDUCATIONAL QUALIFICATION :- ..... OCCUPATION :- .....

YOUR ORGANISATION'S NAME :- .....

AVAILABILITY (YES) :- \*WEEKDAYS ..... \*WEEKEND ..... \*VARIES .....

LANGUAGE KNOWN (YES) :- \*ODIA..... \*HINDI..... \*ENGLISH..... \*OTHERS.....

(\*Mention YES if You Read, Write and Speak above languages. \* Mention the Language name in OTHERS)

INTERESTS :- \*HEALTH..... \*EDUCATION..... \*ENVIORNMENTS..... \*LIVILIHOD..... \*SANITATION.....

SPECIAL SKILLS :- .....

**\*What do you hope to gain from volunteering with us ?**

.....

**\*Why do you want to volunteer with us ?**

.....

**\*What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role ?**

.....

**\*Do you prefer to volunteer :-** \*Individually ..... \*Group..... \*No Preference.....

**PAL Charity norms that a volunteer should adhere to :-**

1. No Cash/Cheques/DDs may be collected by any volunteer.
2. Volunteer are not permitted to use PAL Charity stationery as their own.
3. All PAL Charity literature will be developed by PAL Charity. Any modifications must have PAL Charity's prior approval.
4. Volunteers may not release any material pertaining to PAL Charity, in the media without seeking PAL Charity's prior approval.
5. All PAL Charity activities should be coordinated through the contact point in PAL Charity. Please do not directly interface on projects and with other departments of PAL Charity.
6. Volunteers wishing to visit any PAL Charity project, to please allow at least 15days notice. Only costs related to travel, boarding and lodging to be borne by PAL Charity.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name of Volunteer :

Signature

Place :

Date-

Our Organization appreciates your interest in working with us, we are looking forward to your service for the betterment of our Community and its posterity. However, the organization will not be held responsible for anything that happens to you while offering your Volunteer services to it.

**FOR OFFICE USE ONLY**

1. Volunteer ID : Referenced By (Name and Sign.) :
2. Date Of Joining : Approved By (Name and Sign.) :
3. City :

For more information, please do get in touch with us..

**Regd. Office :**

“PAL HOUSE” Beside of Radha Krishna Temple, At : Sidhakhandi, Po : Sidheswar, Via : Ballipoda, Dist : Ganjam, State : Odisha, Pin : 761054, 06814-250333, Voice +91 9938265997, +91 9033017792, Email:info@palcharity.org.in, president@palcharity.org.in, [www.palcharity.org.in](http://www.palcharity.org.in)