



# VOLUNTEER MEMBER FORM

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

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

Recipient's Home Visit and Verification

Assisting with Fundraising

Creative work

Classroom Teaching

Painting in School

Spread the word of cause

Assisting in Administration Office  
or Clerical work

Gardening in School

Documentation

Books Collection for Library

Helping at Events

Event organizer

Eye Checkup Camp

Counseling/  
Mentoring

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:**