

VOLUNTEER REGISTRATION FORM/ SELF-DISCLOSURE FROM



INSTRUCTIONS:

To volunteer with Ashwamedh Foundation kindly fill and submit this form. Once you complete the form, **print and sign it**. Completely filled form can be mailed to our address or can be emailed or submitted in-person during training session.

Address:	Ansari's House, 0038 Indira Nagar, Kailna Kurla Road, Santacruz (E) Mumbai 400055
Website:	www.ashwamedhfoundation.org
Email ID:	contact@ashwamedhfoundation.org
Contact:	9821328364 / 9987926878

All fields marked with (*) are mandatory.

SECTION I

Name*: _____

Address*: _____

City: _____ State: _____ Pin Code*: _____

Mobile #*: _____ Educational Qualification*: _____

E-mail*: _____

LinkedIn: _____

SECTION II

Volunteering experience (If any):

Occupation*:

Student	[]	Self Employed	[]
Salaried	[]	Businessman	[]

Other information that will help us (general interests/hobbies)

Languages known*:

Language	Speak	Read	Write

SECTION III

Availability and Volunteer Assignment Preferences (Please Check All That Are Applicable :)

I Am Available*:

Mornings (Mon-Fri) []	Afternoons (Mon-Fri) []	Evenings (Mon-Fri) []
Weekends []	Once a week []	More than once A week []
One time only []	As Needed []	OTHER []

If other, please specify: _____

SECTION IV

Do you have a valid (State) Driver's License? [] Yes [] No

Do you have any physical condition that may limit your activities? [] Yes [] No

If Yes, Describe:

Whom to notify in case of an emergency*?

_____ Number: _____

Documents required along with application form: (Any Two)

Resume/CV/Bio-Data is mandatory*

ID Proof	Address Proof
(1) Pan Card []	(1) Aadhar Card []
(2) Voter ID []	(2) Passport []
(3) Driving License []	

SECTION IV

Declaration*:

I _____, fully acknowledge that I have shown willingness to work as a Volunteer of Ashwamedh Foundation myself and I abide by all the Rules and regulations of the organisation.

Signature of Applicant

Date: _____

