

# Volunteer Application Form

Thank you for your interest in volunteering with *Asansol Burdwan Seva Kendra*

Volunteers play a vital role in the communities. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

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## SECTION I

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any Govt. Id Proof number: \_\_\_\_\_

## SECTION II

Education: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Other information that will help us make a good match (such as general interests/hobbies) \_\_\_\_\_

\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

## SECTION III

### Availability and Volunteer Assignment Preferences

#### **Availability** (*Please Check All That Are Applicable*)

When are you available for volunteer assignments?

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Monday      \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Thursday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Tuesday      \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Friday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Wednesday      \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Saturday

I Am Available

Weekends       Once A Week       More Than Once A Week

One Time Only       As Needed       OTHER

## SECTION IV

Previous Volunteer Experience (if any)

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### List Any Previous or Current Volunteer Experience:

*Organization Position*

*Major Responsibility*

*Dates of service (yy/mm)*

*From:                      To:*

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**Describe your favorite Volunteer or Work Experience: (IF ANY)**

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**List the Qualifications, Skills or Talents that you bring to this Position (Sing, Event Planner, Writer, etc)**

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**SECTION V**

**Interests**

In which areas are you best suited to volunteer?

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> AIDS/ HIV        | <input type="checkbox"/> Livelihood | <input type="checkbox"/> Environment      |
| <input type="checkbox"/> Children         | <input type="checkbox"/> Education  | <input type="checkbox"/> Health & Hygiene |
| <input type="checkbox"/> Child Protection |                                     | <input type="checkbox"/> Agriculture      |

Comments(if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_