



No child shall be curtailed by the circumstances of its birth.

Volunteer Application Form

Contact Information

Name	
Sex	
Street Address	
Home Phone	
Work Phone	
E-Mail Address (primary, and alternate, if applicable)	
Emergency Contact	

Availability

You would like to volunteer for:

Sehat Ghar

Khel

During which hours are you available for volunteer assignments? Please tick options that apply.

___ Weekday mornings ___ Weekend mornings

___ Weekday afternoons ___ Weekend afternoons

___ Weekday evenings ___ Weekend evenings

I am available for volunteer service from _____ until _____.

Motivation and Intent

Why would you like to volunteer for Imkaan?

Special Skills or Qualifications

I hold a degree/diploma in _____.

I have _____ years of work and/or volunteer experience.

Please summarize the skills and qualifications you have acquired from employment or previous volunteer work. Have you had any past experience working with infants/children?

Previous Work and Volunteer Experience (past 4 years only)

Summarize your previous volunteer and/or work experience.

Agreement and Signature

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	
Signature	
Date	