



IMKAAN WELFARE ORGANIZATION INTERNSHIP APPLICATION

APPLICANT DETAILS

Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Contact No: _____

Education & Professional Qualification Information

I hold or currently enrolled in a degree/diploma in: _____

Institute/University you are enrolled in: _____

I have years of work and/or volunteer/internship experience: _____

Organization: _____

Please summarize the skills and qualifications you have acquired from employment or previous volunteer/internship work. Have you had any past experience working in underprivileged communities or NGOs?

Please select the project or department chosen for internship:

- Khel, a Learning & Recreational Centre
- Mother & Child Healthcare Centre
- Mental Health Clinic
- Maternity Home
- Legal Aid Project
- Communication & Media Department
- Administration & Finance Department

Why would you like to volunteer/intern at Imkaan?

Please mention your availability:

In Days: Monday Tuesday Wednesday Thursday Friday Saturday

Timings: _____

No. of Weeks: _____

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/intern, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Name: _____

Date: _____

Signature: _____

To be filled by the administration department/supervisor:

The information provided above is verified and accurate to the best of my knowledge:

Staff Name: _____ Designation: _____

Signature: _____ Date: _____