

VOLUNTEER REGISTRATION FORM

(Fields marked * are mandatory)

Preferred location (tick)*

Desk based – HI Office(s)

Desk based- from home

No preference

Field Based local

Field Based Intra-State

Field Based Any Where in India

City/Town Preferred

If local, willing to travel*

<5 kms

05-15 Kms

No Issues

Frequency committing to organization (tick)*

Daily

weekends

Anytime / SOS

Select Days (specify pl)

M

T

W

Th

F

S

Su

Commitment each Volunteering day* (excluding commute) (tick)*

4 hrs and less

5-8 hours

8+ hours

Previous experience of volunteering

Yes / No

If Yes, with elderly

Yes / No

Time of the Day for Volunteering*

Morning (before lunch)

Post Lunch

Evening

Late Evening

Day and Night

Activities giving maximum satisfaction

Social Life

a.

b.

c.

Professional Life

i.

ii.

iii.

Support/facilities expected from HelpAge India

Suggestions / Any other material information

Preferred Contact Day & Time

Day (pl. specify)

Time (between)

_____AM/PM & _____AM/PM

Name and Address of Organization / Association/ Firm volunteering through (if any)

Name * Age DOB Gender Male / Female

Address for Communication* City/ Town/District State PIN Code

Contact No.* Mobile No. e-mail id

Emergencies* Emergency contact No Blood Grp

Ailments, if any* 1. 2. 3.

Mobility (tick) Own transport Public Transport Car pool

Employment Status (tick) Employed Self-employed Student Retired Homemaker None

Qualification* Under-Graduate Graduate Post-Graduate & Plus Professional If Professional Specify

Specialization/Core Area of Experience

Key Reasons for Volunteering*
 1.
 2.
 3.

Expected / preferred Areas of Volunteering*

<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Counselling	<input type="checkbox"/> Event Management	<input type="checkbox"/> Awareness Campaign	<input type="checkbox"/> Survey & Research	<input type="checkbox"/> Networking & Liaison	<input type="checkbox"/> Drafting Communication
<input type="checkbox"/> Communication Design Products	<input type="checkbox"/> No preference	<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Professional Help (legal/Tax / Health / Wealth mgmt/IT etc.)	<input type="text"/> If Professional Help, Please specify		
<input type="checkbox"/> Just Spend time with Elderly	<input type="checkbox"/> Can't Decide Open to Ideas					

Independent Service Providers for Senior Citizens (Specify Type of Service) Charge basis Free of charges Subsidized / Discounted