

Volunteer Application Form

	Application No.:			
Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.				
I. PERSONAL DETAILS: (No	me in Block letters)			
Title First Name	Last Name			
Date of Birth	Male / Female / Others Marital Status			
No. of Children	Nationality			
Address				
	District			
City	Pin code State			
Telephone (STD Code)	Mobile			
Email				
Education				
Language /s Known				
Occupation	Employer			
Community affiliations (Club, C	rganizations, Service, etc.)			
Previous Work or Volunteering	Experience			



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II.	INTRESTS: Please tell us in which areas you are interested in volunteering (Please Tick)			
A	dvocacy	_ Administrative Support	Community Support Leaders	Event & Program
Fi	ield work	FundraisingGroup v	olunteeringGrant Writer	Newsletter Production
Pl	hotography	Scientific Support	Social Media ResearchSpo	kespersonSurvey
Other	s (Specify)			
III.	(A). Why	do you want to become a \	olunteer worker with GFFID?	
		ere anything you wish to di nteering role, such as phys	sclose that would helps us to su ical needs or disability?	pport you in your
	(C). Refe	rence		
		ne and Contact No.)		
IV.	IN CASE O	OF EMERGENCY CONTACTS:	:	
Name	!		Relationship	
Mobile			Telephone (Home)	
Email				
			Declaration	

I understand that any offer of a volunteer position will be subject to the information on this application form being complete and correct. I authorize GFFID to make any appropriate checks that may be necessary in relation to the application. False information, or a failure to supply the details required in this application form, could make an offer of a volunteer position invalid or lead to termination of the volunteer position.



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I agree that during the course of my volunteering with GFFID, and at all times thereafter, I will keep information confidential. I will not disclose any information to any other party without GFFID's, prior

written consent. Furthermore, I agree that I will not use any such information for my own purposes or for the purposes of any third party. Upon the termination of my volunteering, I agree that I will surrender to GFFID, all documents, copies of documents, notes, and other memoranda in my possession relating to GFFID.

I agree that personal data relating to me, which has been or is obtained by GFFID, including personal data given by me on this form, may be held and processed either on computer or in manual records. It may be disclosed to authorize employees of GFFID, and used by GFFID, for any purpose relating to my application.

By submitting this application form, I give my permission to the storage and processing of sensitive personal information by GFFID.

As a volunteer of GFFID Organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliate, cannot assume any responsibility for any liability for any accident, Injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, with no commercial claim or value involve.

Date:	Signature
OFFICE USE ONL	Y
Approved By:	
Remarks:	
Interviewed By:	
Remarks:	
Recommended By:	
Remarks:	