



Recent Photograph

Intern/Volunteer Personal Information:

Name _____
 HomeAddress _____

 PostalAddress _____ -

 E-Mail Address _____
 Business/ Work Tel NO. + Code _____
 Cell Number _____
 Best time to call: _____ Date of Birth: _____
 Gender: _____ Nationality _____
 Blood Group _____
 Marital Status _____
 Duration of Stay _____

Education Qualification

Secondary School	Graduation	Post Graduation	Others

Identity

Student <input type="checkbox"/>	Housewife <input type="checkbox"/>	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Retired <input type="checkbox"/>	Others <input type="checkbox"/>		

PLEASE MARK BOX WITH RED COLOUR

Internship/Volunteer Service Information:

"Per Week" for How Many hours are you available for Internship/volunteer assignments?

2 Hr	8 Hr
4 Hr	10 Hr
6 Hr	12 Hr

Please indicate any previous work experience as a Volunteer or Intern in other Organization/s: (with contact reference/s if available)

How Did You Hear About Us: -----

Briefly describe why you want to Intern/volunteer in SWAJAN:

Tell us in which areas you are interested in Internship/volunteering:-

Administrative <input type="checkbox"/>	Events <input type="checkbox"/>	Field Work <input type="checkbox"/>	Fundraising <input type="checkbox"/>
Deliverables <input type="checkbox"/>	Newsletter Production <input type="checkbox"/>	Volunteer Coordination <input type="checkbox"/>	

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Do you have a specific achievement goal that you plan to accomplish through Internship/Volunteer experience?

Briefly describe your hobbies & Interests:

Person to Notify in Case of Emergency

Name _____ Contact No _____

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

Our Organization appreciates your interest in working with us, we are looking forward to your service for the betterment of our Community and its posterity. However, the organization will not be held responsible for anything that happens to you while offering your Internship/Volunteer services to it:

Name of Intern/Volunteer -----Signature: -----

Signature of the registration officer----- Date: - -----

Volunteer ID No -----

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in Internship/Volunteering with us.