

# Volunteer Form

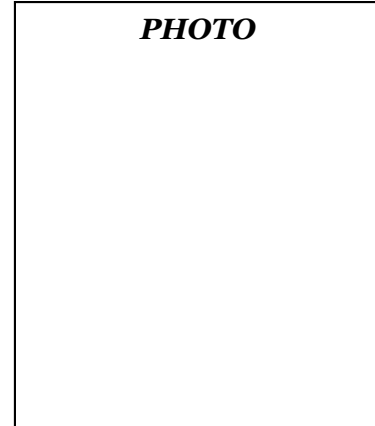
## Personal Information

Full Name: \_\_\_\_\_  
(Last Name) (Name) (Middle Name)

Date of Birth: \_\_\_\_\_

Gender: Male / Female

**PHOTO**



## Address Details

Permanent Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number/Mobile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Qualification Details

<b>Course</b>	<b>Name of Institute</b>	<b>Subject</b>	<b>Year</b>
PhDs/Masters			
Bachelors			
Under Graduate			

## Work Undertaken

- **Why You Want To Volunteer With Niramaya Health Foundation?**
  
- **Tell us in which areas you are interested in volunteering**

## **Contact in case of Emergency**\*

<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Relation:</i>	<i>Relation:</i>
<i>Email:</i>	<i>Email:</i>
<i>Contact No.:</i>	<i>Contact No.:</i>

## **Certain Rules while working in the field**

1. **No photography** will be allowed in the field. In exceptional situation it can be done with the consent of the client and only in presence of a Niramaya staff
2. All interviews to be done after a written parental consent is taken
3. All interviews to be carried out after a written consent is taken from the client itself
4. You are expected to maintain confidentiality of the data you have gathered from the children during the course of the program.
5. Data collected will be shared with Niramaya
6. You would acknowledge Niramaya health Foundation and its staff in every Publication, media reporting, posters, videos etc. by you under this project
7. Niramaya is not responsible for any problem/injury or emergency that may happen to you. HOWEVER, every effort will be done by Niramaya to help in any emergency faced by you

All assistance will be given in the field by the accompanying health worker to make your interview process easy and stress free

### **Consent**

I have read and agreed to the above terms and conditions.

\_\_\_\_\_  
**Signature and Date**

***Happy Volunteering***