



VOLUNTEER FORM

Name: _____

Address: _____

Contact No.: _____ Email: _____

Date of birth: _____ Sex: Male / Female

Hobbies/ Interests: _____

Educational Qualifications (Please mention the course and college):

Profession (Please mention your designation and the name of your organization):

Skills set that I can offer:

Dancing/singing Sports Research Photography Writing

Arts & Crafts Professional Computer skills Specialized skills (specify) _____

Past volunteer activities (If any): _____

Languages spoken: _____

Website (if any): _____

How did you hear about Helen Keller Institute for Deaf & Deafblind?

Newspapers Television Radio Magazine

College/Office Friends Others (Please specify) _____

1. I want to volunteer because: _____

2. Hours per week I can devote: _____

3. Timings or any restrictions/preferences: _____

I, _____, hereby certify that I am aware of the work carried out by Helen Keller Institute for Deaf & Deafblind and agree to abide by their terms and conditions. I agree to maintain discipline, decorum and punctuality at all times. I understand that my role as a volunteer limits my capability to interact with children and will be terminated if I cause any physical, mental or emotional distress to any child.

Date : _____

Signature: _____

For office use only

Comments: