



CARE INDIA WELFARE TRUST

VOLUNTEER APPLICATION

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.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering

____ Administration

____ Events

____ Program

____ Fundraising

____ Deliveries

____ Communication

Please indicate days available: Mon, Tues, Wed, Thur, Fri, Sat Times available:

From _____ to _____

Any physical limitations? _____

In case of emergency contact: _____

As a volunteer of our 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 affiliates, 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 and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____