



SOCIETY FOR SERVICE TO VOLUNTARY AGENCIES
CENTRE FOR PROMOTING VOLUNTARY ACTION(VOLACT)
Petit Municipal School ,Ground Floor,Opp, K.B.Bhabha Hospital,
R.K.Patkar Marg,
Bandra(West), Mumbai-400 040.ph:26555704.
Email: sosva@hotmail.com
Volact@hotmail.com

SR.NO :
VOL.NO :
RECD.NO :

VOLUNTEER REGISTRATION DATASHEET

NOTE: 1.Please tick (✓) in the appropriate square. 2. Please fill in the Datasheet in clear Handwriting.
3.The Datasheet could be filed in Hindi /English /Marathi

1. FULL NAME: MR/MRS/MISS : _____
2. RESIDENTIAL ADDRESS : _____
3. OFFICE ADDRESS : _____
4. TELEPHONE NO. :OFFICE:_____RES/MOBILE:_____
5. E-MAIL ID : _____
6. AGE GROUP : UNDER 15 15-30 30-45 45-60 ABOVE 60
7. MARITAL STATUS : MARRIED UNMARRIED WIDOW WIDOWER
8. EDUCATION (FACULTY) : ARTS SCIENCE COMMERCE COMPUTER SCIENCE
 LAW MEDICINE ENGINEERING
 ANY OTHER (Pl. Specify)_____
- II. DEGREES OBTAINED : UNDER GRADUATE GRADUATE
 POST GRADUATE DIPLOMA
- III ANY OTHER SPECIAL QUALIFICATION:_____
9. PRESENT OCCUPATION : SELF EMPLOYED EMPLOYED UNEMPLOYED
 POST GRADUATE STUDENT HOUSEWIFE RETIRED

NAME OF THE ORGANISATION	DESIGNATION	TOTAL WORK OF EXPERIENCE (i.e.Earlier experience + Experience in the present Organisation)

10. LANGUAGES KNOWN: (Please underline you mother tongue)

LANGUAGE	READ	WRITE	SPEAK
1.			
2.			
3.			

4.			
5.			

11. INFORMATION ABOUT FAMILY MEMBERS:

SR.NO	NAME	AGE (YEARS)	OCCUPATION	RELATION
1.				
2.				
3.				
4.				

12. WHY DO YOU WANT TO VOLUNTEER?

- MENTAL SATISFACTION RELIEF FROM ROUTINE WORK UTILISE SPARE TIME
 UTILISE UNUSED SKILLS SOCIALISING TO BE USEFUL TO THE SOCIETY
 LEARNING EXPERIENCE ANY OTHER (Please specify): _____

13. TIME & PLACE SUITABLE FOR VOLUNTEERING :

	MON.	TUE.	WED.	THU	FRI	SAT.	SUN.
MORNING							
AFTERNOON							
EVENING							

PLEASE TICK (✓) THE MOST CONVENIENT LOCATION FOR YOU VOLUNTEERING?

- | | | | |
|----------------------------------|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> ANDHERI | <input type="checkbox"/> BANDRA | <input type="checkbox"/> BORIVALI | <input type="checkbox"/> BYCULLA |
| <input type="checkbox"/> COLABA | <input type="checkbox"/> DADAR | <input type="checkbox"/> FORT | <input type="checkbox"/> GHATKOPAR |
| <input type="checkbox"/> GIRGAON | <input type="checkbox"/> KHAR | <input type="checkbox"/> MAHALXMI | <input type="checkbox"/> MAHIM |
| <input type="checkbox"/> MATUNGA | <input type="checkbox"/> NARIMAN POINT | <input type="checkbox"/> PAREL | <input type="checkbox"/> SANTACRUZ |
| <input type="checkbox"/> SION | <input type="checkbox"/> TARDEO | <input type="checkbox"/> VASAI | <input type="checkbox"/> VILE PARLE |
| <input type="checkbox"/> WORLI | <input type="checkbox"/> VASHI | <input type="checkbox"/> CHEMBUR | <input type="checkbox"/> OTHERS |

14. I. HAVE YOU VOLUNTEERED BEFORE? : YES NO

II. IF YES,

- a. NAME OF THE ORGANISATION : _____
- b. TYPE OF WORK DONE : _____
- c. DURATION OF ASSOCIATION : _____

15. DO YOU HAVE A SOUND HEALTH? YES NO

16. YOUR HOBBIES & SPECIAL SKILLS: _____

17. TYPE OF ACTIVITY / ACTIVITIES THAT YOU WOULD LIKE TO VOLUNTEER FOR? (Please tick ✓)

- ALCOHOL / DRUG COUNSELLING BRAILLE TRANSLATION CLERICAL ASSISTANCE
- COUNSELLING CHILDCARE DONATION IN KIND
- DANCE AND DRAMA EDITING FUND RAISING
- FRIENDLY VISIT GARDENING
- LEGAL AID LIBRARY ORGANISER MARKETING ORGANISATION'S PRODUCT
- MEDICAL AID VISITING HOSPITALS OFFICE ASSISTANCE
- PREPARATION OF EDUCATIONAL MATERIALS PUBLIC RELATIONS
- PHYSICAL EXERCISES (OUTDOOR GAMES YOGA ETC) RECEPTIONIST
- READING TO BLIND / TAPING FOR BLIND SANSKAR VARG SUPERVISION SINGING
- RECREATIONAL ACTIVITIES WRITING ACCOUNTS COMPUTER TRAINING / PROGRAMMING
- TEACHING ASSISTANT SPECIAL SCHOOLS / ELEMENTRY / HIGH SCHOOL
- TEACHING MUSICAL INSTRUMENTS TRANSLATION WORK TEACHING CRAFT
- TYPING IN OFFICE / HOME VOCATIONAL TRAINING
- VOLUNTEER CO ORDINATION ANY OTHER (PLEASE SPECIFY): _____

18. PLEASE GIVE BELOW ONE REFERENCE :

NAME : _____

ADDRESS: _____

TEL

DATE:

SIGNATURE OF THE VOLUNTEER