

INDIAN RED CROSS SOCIETY
PUNE DISTRICT BRANCH
Dr. N.J Bandorwalla Health Centre
593/2, Rasta Peth, Pune 411011

Volunteer Enrollment Form

1. Name of the Applicant: -

2. Age:-

3. Sex:-

4. Education:-

Place of work / education

Contact Details :-

Res. Address:- -----

Land Line No. -----mob. -----

Email ID :-

5. Association with Indian Red Cross Society:-

6. Number of years of Experience:-

7. Organization (other than Red Cross) :-

8. Have you undergone any training?

a) Yes b) No

8. If Yes, Training Name:-

a) Disaster Management b) Red Cross Volunteer c) HIV & AIDS

d) Life skills e) Other

9. Which type of work have you done with Indian Red Cross Society?

10. Area of Interest as a volunteer:-

- a) Education b) Health c) Environmental Awareness d) Disaster
- e) HIV & AIDS f) Physiological support group g) Emblem awareness
- h) Fund raising i) any kind of Training

11. How much time are you willing to commit to organization?

- a) 1 Day in month b) 1 Day in Week c) 1 Month in year
- d) More than in year e) only in emergency / disaster

I agree to work as a volunteer for Red Cross & attend necessary training.

Date

Signature