

10/D, Shree Kunthunath Tower, Umra, Surat – 395007 +91 91734 38299 info@JivanamAsteya.org

VOLUNTEER APPLICATION

CONTACT INFORMATION:

Today's Date

		Last Nar	ne				
					Suite/Unit		
		State			Zip Code		
		Cell Pho	ne				
		Email					
		Phone Number					
Skills/Interests/Education:							
T	A 61		_				
-			□ Evenings				
·			D. 1				
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How often would you like to volunteer with JivanamAsteya Trust?							
		How many hours would you like to volunteer?					
			□ Please contact me to discuss my availability				
	□ Mornings □ Saturday □ Full Time □ Full Time	□ Mornings □ Afternoons □ Saturday □ Sunday □ Full Time □ Part Time □ Full Time □ Part Time □ Ulike to volunteer □ Trust? □ Daily □ Word How many h	State Cell Pho Email Phone Number ducation: Afternoons Saturday Sunday Full Time Part Time Part Time Du like to volunteer Trust? How many hours would	Cell Phone Email Phone Number ducation: Afternoons	State Cell Phone Email Phone Number State Phone Number State Phone Number State Phone Phon	State Zip Code	

VOLUNTEER OPPORTUNITIES

(Please check the volunteer areas you are interested in volunteering for.)

Marketing	Fund Raising			
Event Planning	Seminar Organization			
Awareness about Our Program	Donation – Monetary			
Donation - Items	Administration			
Office Work	Video Production			
Computer & IT Related	Graphic and Design			
Professional Consultation	Sponsorship			
Press and PR	Content Writing			
Networking With Potential Beneficiaries	Workshop			
New Program Idea	Training and Teaching			
Community Outreach Coordinator	CSR Activities			
Accounting, CA, CS etc.	Other			

Release of Liability

I hereby fully and forever waive, release and relinquish and all claims, demands and actions whatsoever that I may have or may accrue to me against JivanamAsteya Trust, officers, agents, volunteers and employees arising out of this activity and/or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend JivanamAsteya Trust, from any and all claims and actions resulting from injuries, damages and losses sustained by me arising out of, connected with or in any way associated with this volunteer position.

I have read this agreement and fully understand its content and sign it of my own free will. I further certify that I am (18) years of age or the parent/legal guardian of a minor participant.

Statement of Confidentiality

As condition of being involved with persons seeking assistance from JivanamAsteya Trust, I agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved. I recognize that the unauthorized release of confidential information may make me subject to civil action.

I further understand that violation of this agreement is grounds for termination of my service.

Volunteer Appointment Letter Confirmation

I acknowledge receipt of the Volunteer Appointment Letter having rules, regulation, terms and condition of the JivanamAsteya Trust. I understand that it is my responsibility to read and comply with JivanamAsteya Trust guidelines contained in the Appointment Letter. If I have any questions about information contained in the Appointment Letter, I will ask my supervisor or the Volunteer Coordinator for clarification. I understand that revised information may modify existing guidelines.

I further understand that my failure to uphold the volunteer guidelines may result in dismissal from the volunteer program. I have read and understand the above statements and agree to read the handbook.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to JivanamAsteya Trust and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by JivanamAsteya Trust.

I hereby agree to release, defend, and hold harmless JivanamAsteya Trust and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Signature (Parent's Signature, if under 18)	
Printed Name	
Date	
(For Offi	ce Use Only)
Additional Notes/Description	
Address Proof Submitted YES/NO	
Photo ID Proof Submitted YES/NO Photo Submitted YES/NO	
1 HOLO Submitted 1 ES/NO	
Approved & Verified By	. Verification Date:
Volunteer Reference Number:	Date of Joining:

<u>Send Original Signed Application form at:</u> JIVANAMASTEYA TRUST, 10/D, Shree Kunthunath Tower, Next to sargam shopping center, Umra, Surat – 395007, Surat, Gujarat. **And send Scan copy to** <u>info@jivanamasteya.org</u> in the email subject: <Your Name> <Volunteer Application>