

**DISHA CHARITABLE TRUST
VADODARA**

Volunteer Registration Form

Name:- _____ Date: - _____

Age:- _____ Gender :- _____

Residence Address: - _____

Qualification: - _____

Current Activity: - _____

If employed, Office Address :- _____

Contact No: - _____ Email: - _____

• **Interest and skills :-**

1. _____
2. _____
3. _____

• **In which area/ field would you like to work ?**

Fund Raising () Awareness () Vocational Training () Medical Services ()

Events & Exhibitions () Class Room () Field Work () Any other () _____

• **How much time can you devote to Disha ?**

Days per week _____ day/days Which days: - _____

Hours per day _____

Signature of the Volunteer