SRI RUPAJI ANANT CHARITABLE TRUST

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**VOLUNTEER REGISTRATION FORM**

(Private & Confidential)

This Form gives us information about your experiences, Interests, availability to volunteer which will help us to find the best volunteering role for you. Please fill out the form in as much detail as possible.

**Personal Details:**

First Name: Last Name:

Address (Including Pin code):

Email Id:

Landline Number:

Mobile Number:

Nationality:

Gender: Male Female

Age:

Date of Birth:

Languages Known:

(Spoken & Written)

Education:

Occupation:

Family Members Details with Number, Name and Relationship:

Any Health issues: If Yes, please specify

What Treatment or therapy are you doing for that?

Current Problems:

Any Habbits (Alcohol, Smoking, Drugs, others):

**Application Form:**

**Are you existing or a new Volunteer to SRACT?**

**What is your understanding about SRACT?**

**Have you ever listened any Pravachan or Absolute of Sri Maa? If Yes then specify atleast any two**

**Closing Arms or Hand Lock position symbolizes what?**

**Are you doing any other work or business apart from volunteering at SRACT?**

**If Yes, Please Specify:**

**What is the length of commitment for volunteer ship you would like to make?**

**Please specify your availability in days:**

* All 7 Days
* Weekdays
* Weekends
* Varies

**Please Specify your availability option for Volunteer ship in Hours:**

* Part time volunteer ship (3hrs to 5hrs)
* Full time volunteer ship (7hrs to 8hrs)

**In Case of Full Time volunteer ship please specify your staying option:**

* Residential Volunteer ship (Staying at accommodation provided by SRACT)
* Residential Volunteer ship (Staying at accommodation arranged by Self)

**Please select the area you wish to volunteer in and Why:**

* Transcription:
* Translation:
* Accounts:
* Administration:
* Designing:
* Volunteering during Ekatava, Swarodaya, Nindra, Retreats, Workshops, Discourses:
* Fund Raising:
* Event organising:

**Please tick to the following Skills checklist:**

* Computer (MS office, Email, Internet surfing)
* Clerical Skills
* Phone Calling
* Supervision

**Please tell us that why do you want to volunteer with SRACT?**

**If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.**

**Any specific quality or skills do you have which may be relevant to the volunteer role in SRACT?**

**Do you need any support in terms of resources or monitory for Volunteering in SRACT?**

**Any other Comments:**

**References: Please supply us with the names of two referees (Non-relatives)**

Name: Name:

Address: Address:

Email: Email:

Telephone: Telephone:

**Declaration:**

**I declare that the information that has been given in this form is correct to the best of my knowledge.**

Signed (Self):

Signed Relative (Legal Guardian):

Date:

(Note: If there is any objection from volunteer’s family in joining SRACT then he or she has to submit NOC or Affidavit to SRACT)

**If you are under 18 this form must be signed by a parent or guardian**

Signed:

Date:

**SRACT norms that volunteers should adhere to:**

1. We appreciate punctuality with regards to any activity. Those who feel responsible in maintaining time for them will take the responsibility of being punctual towards anything they undertake.
2. We at SRACT envisage a world free of any inconvenience. To move from any inconvenience to convenience the primary step is deep breathing. Any volunteer has to make this their daily routine to help move from any inconveniences to experience calmness and relaxation.
3. Commitment towards any activity has to be strictly adhered to. In case of any last minute exigencies please inform the management at you’re earliest.
4. Understanding that any volunteering towards any activity is done purely for personal growth without any ulterior motive. It is therefore best in the interest to work very genuinely and sincerely.
5. The core expertise of SRACT is to give selflessly to make us rich in heart, fulfilled and well-rounded individuals. The activities offer you a platform to just go all out to give ourselves unconditionally which is our true nature.
6. If you are working with SRACT then you have to be 100% committed towards the organization.
7. All SRACT activities should be coordinated through the contact point in SRACT. Please do not directly interface on projects, and with other departments of SRACT.

**For office use only:**

**Date of Joining:**

**Department:**

**City:**

**Authorized Signatory:**

**Documents to be submitted with the application of this form:**

**Pan Card (Xerox)**

**Light Bill for Address Proof (Xerox)**

**Adhar Card (Xerox)**

**Adhar Card of Relatives with sign (Xerox)**

**Documents of the company or organization if presently working or if any past experiences**

[**www.srirupajianantct.org**](http://www.srirupajianantct.org) **|** [**www.youtube.com/srirupaji**](http://www.youtube.com/srirupaji) **|** [**www.facebook.com/srirupaji**](http://www.facebook.com/srirupaji)

**For Further information contact on: 9167100984 / 9820290249**