

## SPARSH HOSPICE - Volunteer Form

**Volunteer Personal Information:**

Name \_\_\_\_\_  
 HomeAddress \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Gender: \_\_\_\_\_

**Occupation**

Student       Housewife       Employee       Retired

**Education Qualification**

Secondary School	Graduation	Post Graduation	Others

**PLEASE MARK BOX**

**Volunteer Service Information:**

"Per Week" for How Many hours are you available for volunteering with us and on which days of the week?

2 Hr	8 Hr
4 Hr	10 Hr
6 Hr	12 Hr

Please indicate any previous work experience as a Volunteer in other Organization/s: (with contact reference/s if available)

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How Did You Hear About Us: -----

Tell us in which areas you are interested volunteering:-

Fund Raising       Counselling       Organizing Events       Designing Newsletter

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Our Organization appreciates your interest in working with us, we are looking forward to your service for the betterment of organization However, the organization will not be held responsible for anything that happens to you while offering your Internship/Volunteer services to it:

**Name of Volunteer** -----**Signature:** -----

**Date:** - -----

