**Volunteering application form**

**(please enclose or paste a copy of your photograph)**

1. **Organisation Detail**

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| --- | --- | --- |
| 1. | Name of the applicant |  |
| 2 | Age or DOB |  |
| 3 | Sex (F/M/T) |  |
| 4 | Name of the organisation |  |
| 5 | Educational background and experiences |  |
| 6 | Address and phone number of the applicant |  |
| 7 | Which units you want to volunteer for? Select from below.   * to work with school children with autism * to work with adults in vocation of printing, IT, Jwellery making, Arts, House-keeping |  |
| 8 | What will be your time commitment? |  |
| 9 | Duration and starting dates |  |
| 10 | Skills details (including hobbies and interests) |  |
| 11 | How did you learn about us |  |

Please send this filled application to: Ms. Menaka. Email Menaka A [admin@biswagouri.org](mailto:admin@biswagouri.org) Mobile: 9449003602

Please feel free to contact her for any further information and support