|  |  |
| --- | --- |
| NAME |  |
| MIDDELE NAME |  |
| SUR NAME |  |
| AGE &DOB |  |
| NATIONALITY |  |
| CURRENT CITY/ COUNTRY |  |
| PASSPORT NUMBER |  |
| PASSPORT ISSUING COUNTRY |  |
| EDUCATIONAL QUALIFICATIONS |  |
| PROFESSION / OCCUPATION |  |
| COMPANY/INSTITUTION ADDRESS  ID CARD NUMBER |  |
| COMPANY PHONE / EXTN |  |
| CELLULAR PHONE |  |
| EMAIL ID |  |
|  |  |
| REFERENCE |  |
| NAME |  |
| PHONE NUMBER |  |
| EMAIL ID |  |

**LOVEDALE FOUNDATION**

**Volunteer enrolment form. All fields are mandatory**

[www.lovedalefoundation.org](http://www.lovedalefoundation.org)

Please answer the following questions

1. Why do you want to volunteer with our organization?
2. Please explain your previous volunteering experiences if any
3. What are your volunteering dates?
4. What makes you a good fit for this position?
5. What do you know about our organization?
6. What motivates you?
7. What do you hope to get out of the volunteering experience?
8. What is your greatest strength?
9. What are your expectations on volunteering

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**\*\*** *Please provide photocopy / clear scanned / JPEG /PDF .Please attach a recent passport size photo along with this form by email.*

………………………………………………………………………………………………………………………………………………………………………….

For office use

|  |
| --- |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby confirm that I have collected and verified the overseas associate’s details on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have submitted the same at the office.  He / She is eligible to enrol as resource associate for Lovedale Foundation from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YR  Name & Signature  Verification Officer  Lovedale Foundation  Bangalore |