



## **The PRASAD Project**

### **Volunteer Application**

Thank you for your interest in becoming a volunteer at PRASAD. Volunteers contribute substantially to the work of PRASAD, and PRASAD's staff works closely with volunteers to make their experience as rewarding as possible.

PRASAD is an international not-for-profit organization committed to improving the quality of life of economically disadvantaged people around the world. Its aim is to help them become self-reliant and live a life of dignity.

The PRASAD Project is the umbrella organization for a network of national PRASAD entities that run health, education, disaster relief and community development programs in India, Mexico and the United States of America. PRASAD has its global headquarters in upstate New York, and has national entities in India, Mexico, Australia, France, Italy, and Spain.

# PERSONAL INFORMATION

You must be at least 18 years of age to apply

Name:

\_\_\_\_\_

Last	First	Middle
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Address:

\_\_\_\_\_

Street	Apt.
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\_\_\_\_\_

City	State	Zip Code
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Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact;

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

How did you hear about PRASAD?

\_\_\_\_\_  
\_\_\_\_\_

Have you previously submitted a volunteer application to PRASAD? Yes \_\_\_ No \_\_\_

If so please indicate date: \_\_\_\_\_

# Education

## College/University

Name of Institution: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Year Completed: \_\_\_\_\_

## High School

Name of Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Diploma Awarded: Yes \_\_\_ No \_\_\_

## Other

Name of Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

## References

List three personal references other than family

Name:	Telephone:
Street Address:	
City/State/Zip:	
Country:	

Name:	Telephone:
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# Availability

Date available to start volunteering for PRASAD: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Please provide additional details on your availability (i.e. length of time available and # of hrs. per week):

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List any special skill, licenses, certifications, trade, awards, publications, or other related items.

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting                   | <input type="checkbox"/> Medical - Specify Specialty    |
| <input type="checkbox"/> Administration               | _____   |
| <input type="checkbox"/> Audiovisual                  | <input type="checkbox"/> Office Management              |
| <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Organizational Consultant      |
| <input type="checkbox"/> Community Development        | <input type="checkbox"/> Personnel Management/HR        |
| <input type="checkbox"/> Computer Science             | <input type="checkbox"/> Photography                    |
| <input type="checkbox"/> Data Entry                   | <input type="checkbox"/> Public Speaking                |
| <input type="checkbox"/> Dental                       | <input type="checkbox"/> Public Relations               |
| <input type="checkbox"/> Donor Development            | <input type="checkbox"/> Reception                      |
| <input type="checkbox"/> Editing                      | <input type="checkbox"/> Sustainable Development        |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Translation – Specify Language |
| <input type="checkbox"/> Event Coordination           | _____   |
| <input type="checkbox"/> Facilities Management        | <input type="checkbox"/> Web Development                |
| <input type="checkbox"/> Financial Management         | <input type="checkbox"/> Writing                        |
| <input type="checkbox"/> Graphic Design               | <input type="checkbox"/> Videography                    |
| <input type="checkbox"/> Grant Writing                | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Health Education             | _____   |
| <input type="checkbox"/> Library/ Information Science | _____   |
| <input type="checkbox"/> Law                          | _____   |

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:

I understand that I am not an employee of The PRASAD Project, and that any duties that I perform are as a volunteer. I agree to abide by the policies and procedures set forth by The PRASAD Project. I also understand that it is my responsibility to update any address, emergency or any other changes to the information on this form.

Signature:	Date:
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