

The PRASAD Project
PRASAD Children's Dental Health Program, Inc

465 Brickman Road, Hurleyville, NY 12747-5314
FAX: 845-434-1791 TELEPHONE: 845- 434-0376 x110

Volunteer Application and Interest Sheet

Thank you for taking the time to complete this volunteer sheet. We will contact you after receiving your information.

Date _____

Last Name _____ First _____

Street
Address _____

City _____ State _____

Zip _____

Country _____

Telephone: Home _____ Work _____

Fax: _____

E-mail Address _____

Emergency Contact Information:

Name _____ Relation _____

Address _____

Telephone: Home _____ Work _____

Your Skills

Please indicate the level of your skill in any of the following areas by filling in the appropriate number: **1- Minimal skill 2- Moderate skill 3- Advanced skill**

___ Accounting

___ Administration

___ Audiovisual

___ Clerical

___ Community Development

___ Computer Science

- Data Entry
 - Dental Health
 - Donor Development/Fundraising
 - Event Coordination
 - Financial Management
 - Graphic Design
 - Grant Writing
 - Health Education
 - Library/Information Science
 - Law
 - Office Management
 - Personnel Management
 - Photography/Video
 - Public Relations
 - Reception
 - Word Processing
 - Other (please specify): _____
-

Are you fluent in a language other than English (please specify)?

Time Availability

Please give us details of your time availability for volunteering: _____

Have you ever been convicted of a crime? (check one)

Yes ___ No ___

If yes, please provide necessary details. _____

I would like to be contacted about:

The possibility of volunteering from my home or community.

Holding a fundraising event in my area

Signature _____