

**The PRASAD Project**  
**PRASAD Children's Dental Health Program, Inc**  
PO Box 576, NY 12734  
FAX: 845-434-1791 TELEPHONE: 845- 434-0376

**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\_\_\_\_\_

General questions

What interested you about this volunteer position?

Is there an aspect of our mission that motivates you to want to volunteer?

Have you volunteered in the past?

Are you involved in other organized activities?

What special skills would you like to utilize as a volunteer?

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 \_\_\_\_\_