



Recipient of National Award from the President of India

# INTEGRATED INSTITUTE FOR THE DISABLED

Karaundi, BHU (Susuwahi), Varanasi - 221005 (U.P.), India

## APPLICATION FOR VOLUNTEERSHIP

### SECTION - A : PERSONAL DETAILS

Name : .....

Phone / Mobile No. : .....

Father's Name : .....

Phone / Mobile No. : .....

Mother's Name : .....

Phone / Mobile No. : .....

Guardian's Name : .....

Phone / Mobile No. : .....

Postal Address : .....

: .....

: .....

E-mail : .....

Date of Birth : .....

Gender : Male..... Female.....

### SECTION - B: EDUCATIONAL QUALIFICATION

List your most recent school/university subjects studied

.....

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School /University studied at .....

### Language spoken other than English

Please list any languages other than English that you speak and your level of proficiency based on **Basic**- can read, speak and understand simple language, **Proficient**- can engage freely in conversation, read and write , **Fluent** - Fluent in all aspects of the language; near native-like competency.

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### SECTION - C: MEDICAL HISTORY

Please declare all medical conditions (eg. a history of Glandular Fever, Ross River Virus, Chronic Fatigue Syndrome, Depression etc.)

You will not be disadvantaged by such a declaration. (Please note: If you answer Yes to any of the following please give details)

Do you have or have you ever had a significant medical condition? 

Y		N	
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Do you take any medication regularly? 

Y		N	
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Do you have any special dietary requirements (i.e. vegetarian) or food allergies 

Y		N	
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**SECTION- D WORKING EXPERIENCE**

**Work Experience** (Please list any work experience that you have had including both paid and voluntary work) .....

**Interests and Hobbies** (please list any interests and hobbies that you currently have) .....

**General Skills** (Please tick the appropriate boxes and give detail in the given space)

Arts and Crafts	<input type="checkbox"/>	.....	Dance	<input type="checkbox"/>	.....
Debating	<input type="checkbox"/>	.....	Drama	<input type="checkbox"/>	.....
Driver License	<input type="checkbox"/>	.....	Music	<input type="checkbox"/>	.....
Other	<input type="checkbox"/>	.....			

**SECTION - E : PROJECT PREFERENCES**

Please visit our website and enlist your area of interest which you would be willing to accept if offered. IID is looking for people who are prepared to accept the overall challenges towards working with persons with disabilities. The more flexible you are the more likely you are to be successful.

**SECTION - F : ADDITIONAL REFEREE**

Please provide details of two referees whom we can contact if necessary. This could be a teacher, Sports Coach or Work Manager who know you for at least 6 months.

- Referee's Name ..... Relationship with you.....  
 Postal Address .....  
 Contact Ph. .... E-mail .....
- Referee's Name ..... Relationship with you.....  
 Postal Address .....  
 Contact Ph. .... E-mail .....

**SECTION G: DECLARATION**

I have read the terms & conditions (as stated on the website) and agree to be bound by the requirement set out therein; agree to bear all travel arrangements. The information on this form will be stored electronically.

I declare that the information that has been provided on this form is complete and correct in every aspect. All medical conditions and regular medication taken have been listed.

Signed .....

Date .....