



1. Name: \_\_\_\_\_
2. Email Address: \_\_\_\_\_
3. Mobile Number (India): \_\_\_\_\_
4. Tentative Address (India): \_\_\_\_\_
5. Age: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Gender: \_\_\_\_\_
8. Nationality: \_\_\_\_\_
9. Languages Spoken: \_\_\_\_\_
10. Intended Date of Joining: \_\_\_\_\_
11. Intended Date of Leaving: \_\_\_\_\_

**12. Please indicate the days of the week you will be able to volunteer:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday

**13. Please indicate the time of the day you are available to volunteer:**

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Both
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**14. Emergency Contact information:**

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

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

E-mail Address: \_\_\_\_\_

**15. How did you find out about Salaam Baalak Trust:**



**16. Describe your skills and talents that you think would be helpful for Salaam Baalak Trust:**

**17. Describe your strengths that you feel would be helpful for Salaam Baalak Trust:**

**18. Have you ever volunteered anywhere else? If so where and what activities did you do?**



**19. List any expectations or apprehensions that you have related to volunteering at Salaam Baalak Trust:**

**20. What areas are you interested in? (tick mark)**

- Life Skills Education & Non-Formal Education
- Creative Expression, Sports and Talent Development
- Formal Education and Tutoring
- Documentation, Marketing and Communication
- Medical Health and General Health Care
- Computers and Multimedia
- Mental Health
- Any others (please specify)

**21. Do you currently use illegal substances or have a drug/alcohol problem? (If yes, please specify)**

☐ No

☐ Yes \_\_\_\_\_

**22. Please list any physical limitations or health problems:**



**23. Please provide the names and contact information of two references not related to you:**

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Thank you for taking out the time to fill the form.**  
Please email the Form at [volunteer@salaambaalaktrust.org](mailto:volunteer@salaambaalaktrust.org)