



PHOTO

## VOLUNTEER MEMBERSHIP FORM

(FILL WITH CAPITAL LETTER)

NAME- \_\_\_\_\_

MOBILE NO- \_\_\_\_\_ EMAIL- \_\_\_\_\_

ADHAR NO \_\_\_\_\_, OCCUPATION- \_\_\_\_\_

PERMANENT ADDRESS- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MALE/FMALE - \_\_\_\_\_, DATE OF BIRTH- \_\_\_\_\_

QUALIFICATION- \_\_\_\_\_, GURDIAN NAME- \_\_\_\_\_

WHY DO YOU WANT TO BE A VOLUNTEER MEMBER ?- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TERMS AND CONDITION -** I wishing to become a volunteer member must abide by the following conditions (a) I have a general membership of 3 months. (b) I will physically present in FRIENDS FELLOWSHIP HALDIA'S training programs. (c) I must be present in my own district when a program is running in my district. (d) FRIENDS FELLOWSHIP HALDIA can appoint me as the INCHARGE/SUPER VISIOR/MANAGER/COORDINATOR of any program as per my qualification and desire. (e) I will apply with appropriate reasons before leaving my voluntary membership and I will continue my work till FRIENDS FELLOWSHIP HALDIA approve this application. (f) FRIENDS FELLOWSHIP HALDIA has right to cancel/modify/update my volunteer membership any time.(g) No subscription / donation will be refunded after voluntary membership is canceled/resigned.

SIGNATURE- \_\_\_\_\_ GURDIAN SIGNATURE- \_\_\_\_\_

PRESIDENT/SECRETERY SIGNATURE - \_\_\_\_\_

DATE- \_\_\_\_\_, REF NO \_\_\_\_\_

ATTACHMENT – XEROX COPY OF ADHAR / VOTER/ PASSPORT.(WITH SIGNATURE)