

**Social Service Volunteer:**

Full Name:		Affix Photograph
Contact Address:		
Home:	Institution:	
Phone:	Phone:	
Emergency Contact:	Name:	Phone:
Education: <input type="checkbox"/> High School <input type="checkbox"/> Graduation <input type="checkbox"/> Post Graduation <input type="checkbox"/> PhD	Languages Spoken: 1. 2. 3. 4.	
Community Service Experience: 1.  2.		
Special interest / skills:		
Volunteering Assignment: Weekly commitment of 4 – 6 hours is preferred.  <input checked="" type="checkbox"/> Blood Donor Awareness: Motivate people to donate blood. <input checked="" type="checkbox"/> Blood Donor Registration: Help donors to fill up the registration form. <input checked="" type="checkbox"/> Blood Donor Insurance: Explain blood insurance policy to blood donors. <input checked="" type="checkbox"/> Help the camp coordinators in various activities <input checked="" type="checkbox"/> Blood Donor Primary Screening: Handle Primary Screening of donors. <input checked="" type="checkbox"/> Blood Donor Health Care: Educating differed donors on iron deficiency <input checked="" type="checkbox"/> Donor ReCall: Tele call donors (reminder call) <input checked="" type="checkbox"/> Blood Donor Data Processing: Help in data entry at blood centre		
Availability: Please check convenient days for volunteering  SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY Please check convenient time: 9am to 12 noon    2pm to 6 pm    6pm to 9 pm    10am to 5pm    8pm to 10pm		
Membership / Association 1.  2.	Awards / Trophies received: 1.  2.	
Have you been convicted of a crime (exclude traffic violation)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give a separate sheet details of offence, date, place and deposition. (a conviction may not necessarily lead to disqualification)		
I certify that all statements made on this application are true and correct. I agree to take up the volunteering assignment purely to serve the society selflessly and not as a paid employee. Prathama Blood Centre reserves all right to withdraw the program or part of at any time without notice.		
Signature of Applicant _____		Date _____
Submit		