MEMBER APPLICATION FORM FOR YEAR ATMASPARSH CHARITABLE TRUST, NAGPUR

Personal / Contact Details

Name										Photo			
Address										Pa	issport Size		
Landmark						Pin code							
Mobile										4			
Landline													
Email ID													
Current Occupation / Study		□ Work □ Study □ Full Time □ Part Time □ Housewife											
		If Working – Place Of Work											
Your Birthday		//											
Size Of		Size/Chest (In)	XS/34	4 S/36		M/38	L/40	XL/42 XXL/		'44	XXXL/46		
T-Shirt		Tick the Correct One									1		
Emergency Contact Details:													
	N	lame Relation		elations	ship Phone 1		Phone		e 2				
Family Details													
Sr. No.	Name		à			Date of Birth			Relation				
1													
2													
3													
4													
Experience and qualifications. Please provide details of experience relevant to this role													
Please tick any of these skill areas if they relate to you:													
Training or education in teaching or tutoring													
U Work for any NGO, please specify													
□ Volunteer, Member or Trustee of any NGO, please specify													

Experience of any social work, please specify								
Participated in any fund raising or crowd funding, please specify								
□ Experience working with people from refugee or migrant backgrounds								
Languages Spoken								
Other voluntary								
Work								
Hobbies / Interests								
Subscription:- Annual (Year) – Rs. 1100 / - ; Life Time – Rs. 1100/-								
Please indicate your availabilities in the space below (Weekdays, & Timings) for NGO activities								
Where did you hear about ATMASPARSHA CHARITABLE TRUST, NAGPUR?								
Personal Information:								
Age	$\square <18$ $\square 18-25$ $\square 26-35$ $\square 36-45$ $\square 46-55$ $\square 55+$							
Gender	□ Male □ Female							
Highest Education Qualification Achieved?								
Privacy statement:								
The personal information on this form is being collected for the purposes of recruiting and selecting MEMBERs wishing to work in ATMASPARSH CHARITABLE TRUST, NAGPUR. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual MEMBERs by name. This information may be shared on official website and other places where the Trust feel the need so.								
	Signature							
By signing this form, I attest that the information supplied is true and accurate.								
I understand that submitting this application form does not automatically register me a MEMBER but that there is a selection process including completion of a satisfactory one activity of the TRUST. I confirm that I am willing to attend ATMASPARSH CHARITABLE TRUST, NAGPUR a minimum of one evening each fortnight.								
Signature:								
Name:	Date:							