

Thank you for your interest in volunteering for SIFCARE. Please help us by writing LEGIBLY and completing all information in the form below. Thank you!

ABOUT YOU

Name		Gender
Date of Birth	Nationality	Civil Status
Address		
Home Number	Mobile Number	Email
Facebook ID	<input type="checkbox"/> I am giving SIFCARE consent to add me in their database and contact me.	
Instagram ID	<input type="checkbox"/> I am not giving SIFCARE consent to add me in their database and contact me.	

YOUR EXPERIENCE

Education _____

School / Company _____

Other Skills _____

*Are you currently, or have previously been, a volunteer for similar organizations? Yes No If yes, with which organization? _____

YOUR INTEREST

How did you find out about SIFCare?

Flyer or brochure Company Friend or Relative Other _____
 Online / Social Media (please specify) Video / TV / Radio / Newspaper

I would like to volunteer my time and skills to SIFCare.
(Please specify day/s and number of hours available.)

Monday (am / pm hours) Thursday (am / pm hours)
 Tuesday (am / pm hours) Friday (am / pm hours)
 Wednesday (am / pm hours) Saturday (am / pm hours)

Are you volunteering for a specific program?

Curma (Pawikan Conservation) Gopalay (Rice Program) Siyam (Seminars Immersions Yoga Arts Meditation)
 Gopalakas (Feeding PProgram) Hari (Water Program) Admin / General

I declare that the information provided above, in the best of my knowledge, is true and correct. I agree to abide by all rules and regulations set by SIFCARE and am fully aware that SIFCARE has the right to reject or suspend my application should there be any false information provided in this application form or found to be incorrect.

Printed Name with Signature

Date