

# VOLUNTEER



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

Enrollment No: \_\_\_\_\_

Department: \_\_\_\_\_

◆ **Effervescence 2026** ◆

Jan 4, 2026 ◆



Scan for Volunteer Details

### Emergency Contact

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

Phone No: \_\_\_\_\_

### Important Instructions

- This ID must be worn at all times.
- Non-transferable.
- Follow coordinator instructions.
- Lost ID must be reported immediately.

◆ --- Venue --- ◆

† CIT Campus / Effervescence Grounds †