



WE CARE, JHANSI

Run & Managed By: Sarv Kalyanam Samiti, Jhansi (Reg. No. JHA/05343/2022-2023)

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VOLUNTEER'S REGISTRATION FORM

Photograph

1. Volunteer :
2. Name :
3. Date of Birth: 4. Aadhar No:
5. Father's Name:
6. Permanent Address & Contact No :
.....
.....
7. Occupation:
8. Postal Address:
.....
.....
9. Category, Caste & Religion:.....
10. Priority of service :
11. Skills at :
12. Opted for providing services:

Nurses	Physiotherapist
Doctors	Psychologist
Pharmacist	Counsellors
Pathologist	Blood Donors
13. Qualification Details:
14. Registration Details:
15. Experience Details:
16. Current Employment and designation:

Volunteer's Sign & Date

We Care Director Sign & Date

DECLARATION

- **This is to declare that, I had read and understood the philosophy of services to be provided by the WE CARE.**
- **I, do declare that I will abide by the rules and regulations of WE CARE.**
- **I, do declare that I had voluntarily opted for this public service and not been forced by any associated with WE CARE.**
- **I, do declare that I will provide my best services to the social cause and shall be dedicated for social welfare.**

Date:

Authorized Signature