



A Roosting Place for Sex Workers' Children

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering for CHILLA! Thank you for your dedication, enthusiasm, ingenuity and your generous offer of assistance.

Please help us to determine how to make the best use of your skills as a volunteer by filling out the questions below:

GENERAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Pin: _____

Home # : (_____) _____ Business # : _____ Ext. _____

Cell # : (_____) _____ E-mail: _____

What is your preferred method of communication?

Mail Phone Fax E-mail

How did you find out about CHILLA?

Word-of-mouth Work place Media (e.g. television, newspaper) Friend Special Event other

What best describes your current situation?

Employed Retired Seeking work Student other

AVAILABILITY

Please tell us about your availability:

Start Date (dd/mm/yyyy): _____ End Date (dd/mm/yyyy): _____

Hours per week: _____

Please indicate the times when you could be available for volunteering.

(AM: 6:00am - 12:00pm, PM: 12:00pm -10:00pm)

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AS A VOLUNTEER YOU CAN

Promote, raise funds and take other initiatives for Chilla.

PLEASE SELECT YOUR AREA OF INTEREST AND EXPERTISE:

- General Education Health Education / Awareness Self Help Programs
- Fund raising Promotion Others

REFERENCE:

This should be an employer/supervisor/head of the institution or an individual known through community involvement that you have known for at least 6 months.

Name: _____

E-mail: _____ Cell # : (_____) _____

Relationship to Applicant: _____

TERMS AND CONDITIONS:

CONSENT

I hereby authorize CHILLA to obtain references from the above individual in connection with my application for a volunteer position. I hereby certify that all information included in this application form is true and complete. I agree to all the terms and conditions stated above.

Signature: _____ Date (dd/mm/yyyy): _____

Please complete the form and:

1. Send as an email to:
chillaindia@yahoo.com

or

2. Send a signed copy to:
Chilla, House No.A-37, Vidhyadhi Raja Nagar,
Poojappura P.O Thiruvananthapuram, PIN 695012.

THANK YOU FOR YOUR INTEREST IN HELPING CHILLA!