

SARANALAYAM

A Unit of Tirunelveli Social Service Society, Reg. No. 50/72

VOLUNTEER REGISTRATION FORM

Name _____ Age ____ Sex:____ Date:_____ Driving License No:_____

Name of College _____ Course _____

College Address:

Permanent Address:

Telephone:

Telephone:

Date of volunteering _____ Purpose _____

Area of Volunteering:
(Tick all applicable)

Adoption
Home School
Vidiyal (Girls Only)
Fundraiser
Notebook Making
Advocacy
Awareness

Skills:

Name of Coordinator _____

Name of Principal _____

Signature:

Signature

CODE OF CONDUCT: All volunteers should arrive on time on the date agreed. Dress should be modest. As the children at *Saranalayam* are kids affected by various unhealthy circumstances, your conduct should be respectful and loving. Usage of any drugs, tobacco and alcohol in front of children is strictly prohibited. Treat every child with respect, patience, integrity, courtesy, dignity and consideration. Inappropriate touch, language and comments will not be tolerated. Maintain a professional attitude when dealing with children avoiding emotional attachments. Inform *Saranalayam* coordinators in case of emergency or any inconvenience.

I understand and will abide by the guidelines in this code of conduct.

Printed Name of Volunteer

Signature

For Office Use only

Date Received _____

Date of Approval _____

Section & Coordinator

Director: