



APPLICATION FORM FOR VOLUNTEER
At Society for Animal Health Agriculture Science and Humanity (SAHASH)
PROFORMA OF APPLICATION

Please make sure you have read through the program details before filling this form. For any queries or more information visit www.shashindia.org or contact Kishan Kumar/Avadh Kumar at Phone number: +91-7531915131, +91-9473795690, +91-9540839727 and/or mail us at sahashindia@gmail.com

Please complete and return this form to **Society for Animal Health Agriculture Science and Humanity** Munshiganj (Amethi Road), Post-H.A.L. Korwa, , Distt-, Amethi Uttar Pradesh-227412.

The application for volunteership shall be accepted throughout the year.

Eligibility Criteria:

- Age – 18 to 27 years for SAHASH (Fresher)
- Age- 27 and above (Professional experienced)

Nationality - Indian

Language – Spoken knowledge of English and/or Hindi

Applicant
Photo

PERSONAL DETAILS:

Name: _____
Current Address: _____
Permanent Address: _____
Tel No(s). _____ E- mail: _____
Date of Birth (DD/MM/YY) _____ Age _____
Nationality: _____ Gender: Male Female
Do you have a passport (please tick): Yes No Applied for
If yes, then passport valid till: _____
How did you hear of this programme? _____

EDUCATION QUALIFICATION:

Please give details of your educational background (*beginning from the most recent*)

Course	Year		Institution /school	University/board
	From	To		

LANGUAGE SKILLS (please tick level of proficiency):

Languages	Speak	Read	Write
Hindi			
English			
Any other (specify)-			
Any other (specify)-			

WORK EXPERIENCE (voluntary):

Please give details of your work experience (starting from the most recent):

Organisation: _____

Period (Month and Year) : From _____ To _____

Job Description: _____

Organisation: _____

Period (Month and Year): From _____ To _____

Job Description: _____

Organisation: _____

Period (Month and Year): From _____ To _____

Job Description: _____

ADDITIONAL INFORMATION

Please answer the following questions:

1. Which of the two programmes would you like to apply for and why? How do you think this will impact your future goals?

REFERENCE

Please give two referees with names and addresses. The referees should be people you have worked/working with or studied/studying under.

First Referee
Full Name: _____
Address: _____

Tel No. : _____
Email: _____
Occupation: _____

Relationship: _____

Second Referee
Full Name: _____
Address: _____

Tel No. : _____
Email: _____
Occupation: _____

Relationship: _____

MEDICAL INFORMATION

If you are accepted for this Program, you will need to have a full medical examination. There are some medical conditions that we are unable to support while participants are on the programme.

Have you ever had any major illness (physical/ psychological) or accidents or operations?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes then please give details:

Do you have any allergies/allergic reactions to vaccinations?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes then please give details:

VOLINTEER AGREEMENT:

I accept the volunteership, which has been awarded to me by SAHSH and understand the following:

- SAHASH will not pay me for my volunteership; all the expenses connected with it will be borne by me.
- SAHASH accepts no responsibility for costs arising from accidents and/or illness incurred during my volunteership.
- I am not eligible to apply for, or be appointed to any position or Consultancy during the period of my volunteership.
- I am personally responsible for obtaining necessary visas and arranging my travel to and from the duty station where the volunteership will be performed.

I undertake the following obligations with respect to the SAHASH volunteer programme:

- To observe all applicable rules, regulations, instructions, procedures and directives of the Organization.
- To refrain from any conduct that would adversely reflect on SAHASH or on the supervisor and will not engage in any activity which is incompatible with the aims and objectives of the SAHASH .
- To respect the impartiality and independence required of the SAHASH and of the supervisor and shall not seek or accept instructions regarding the services performed from any Government or from any authority external to the Organization.
- To keep confidential any and all unpublished information made known to me by the supervisor during the course of my volunteership that I know or ought to have known has not been made public, and except with the explicit authorization of the SAHASH not to publish any reports or papers on the basis of information obtained during the programme, both during and after the completion of my volunteership.
- To provide the supervisor with a copy of all materials prepared during my volunteership;
- To extend all property rights, including but not limited to patents, copyrights and trademarks, with regard to material which bears a direct relation to, or is made in consequence of, the services provided to the Organization by me.
- To assist the Organization in securing such property rights and transferring them to the Organization in compliance with the requirements of the applicable law;
- To provide the Organization with a certificate of good health at the beginning of my volunteership and to provide immediate written notice in case of illness or other unavoidable circumstances which might prevent me from fulfilling my obligations.
- To arrange for my own transport to and from the Office.
- To prepare and submit on time the summary of volunteership documents required by SAHASH .
- To report for an exit interview before the expiry date of my volunteership, with the Administrative Officer/Coordinator.

DECLARATION:

I hereby confirm that I agree with the terms and conditions of my volunteership as stated above and declare that all the above entries made by me are true to the best of my knowledge.

I understand that signing this form does not entitle me to be part of this program.

.....
Date)

.....
(Signature)

As an equal opportunity organisation, we encourage applications from women, disabled people and people who have personal experience of HIV, Rural development, Environment , Women’s empowerment ,Agriculture and Human Rights.

NOTE: You may be requested to supply documentary evidence, which supports the statements you have made above. Do not, however, send any documents or evidence until you have been asked to do so by the Organization and, in any event, do not submit the original text of references or testimonials unless they have been obtained for the sole use of the Organization. Applications will not, as a general rule, be valid or be retained by the SAHASH for more than six months from the date of receipt.

Candidates will be contacted only if they are selected to participate in our Volunteer Programme.