

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
VOLUNTEER REGISTRATION FORM**

**I. Identification**

Name of Organization : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Head of Organization : \_\_\_\_\_

Number of Members : \_\_\_\_\_

Sponsorship/Fund Source : \_\_\_\_\_

**II. Objectives of the Organization**

**III. Education/Training Experiences of Members**

**III. Areas of Interest for Volunteer Work**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**V. Availability of Organizations/Members**

DAY	A.M.	P.M.
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

\_\_\_\_\_  
Name of Head of Organization

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

Date Interviewed : \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Designation/Position of Interviewer: \_\_\_\_\_

**REMARKS :**