

**Indian Red Cross Society - Mumbai**
AWMH, 8th floor, 1877, Dr. Anandrao Nair Marg,
Red Cross Street, Mumbai Central (East), Mumbai - 400011
Tel: 022-2309-6979
Email: info@ircsmumbai.org

Volunteer Enrollment Form

1. Name of the Applicant: -
2. Age:-
3. Sex:-
4. Education:-

Place of work / education

Contact Details :-

Res. Address:- --------------------------------------------------------------------------------

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 Land Line No. ----------------------------------

 mob. ----------------------------------------

Email ID :-

1. Association with Indian Red Cross Society:-
2. Number of years of Experience:-
3. Organization (other than Red Cross) :-
4. Have you undergone any training?

a) Yes



b)No



8. If Yes, Training Name:-

a) Disaster Management



b) Red Cross Volunteer



c) HIV & AIDS



d) Life

skills



e) Other



9. Which type of work have you done with Indian Red Cross Society?

10. Area of Interest as a volunteer:-

a) Education



b)Health



c) Environmental Awareness



d) Disaster



e) HIV & AIDS



f) Physiological support group



g) Emblem awareness 

* 1. Fund raising  i) any kind of Training 
1. How much time are you willing to commit to organization?

a) 1 Day in month d) More than in year



 b) 1 Day in Week  c) 1 Month in year e) only in emergency / disaster 

I agree to work as a volunteer for Red Cross & attend necessary training.

Date Signature