

PRASAD
Philanthropic Relief, Altruistic Service And Development
**Children's Dental
Health Program**

465 Brickman Road, Hurleyville, NY 12747-5314
FAX: 845.434.1791 TELEPHONE: 845.434.0376 x110

Volunteer Application and Interest Sheet

You must be at least 18 years of age to apply

Thank you for taking the time to complete this volunteer sheet. We will contact you after receiving your information.

Date _____

Last Name _____ First _____

Street
Address _____

City _____ State _____ Zip _____

Country _____

Telephone: Home _____ Work _____

Fax: _____

E-mail Address _____

Emergency Contact Information:

Name _____ Relation _____

Address _____

Telephone: Home _____ Work _____

Your Skills

Please indicate the level of your skill in any of the following areas by filling in the appropriate number: **1- Minimal skill 2- Moderate skill 3- Advanced skill**

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Audiovisual | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Library/Information Science |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Law |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Donor Development/Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Other (please specify): _____ | |

Are you fluent in a language other than English (please specify)?

Time Availability

Please give us details of your time availability for volunteering: _____

Have you ever been convicted of a crime? (check one)
Yes ___ No ___

If yes, please provide necessary details.

Being Contacted about volunteering for PRASAD CDHP

Please indicate your choice below:

I would like to be contacted about:

- The possibility of volunteering at the PRASAD CDHP office in Hurleyville, NY.
- The possibility of volunteering for PRASAD CDHP from my home or community.
- Holding a fundraising event in my area and would like assistance connecting with others with similar interests.
- Volunteering for PRASAD CDHP in the following ways (please list):

Signature _____