



## **VOLUNTEER REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ GSM: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SPECIFIC INTERESTS/HOBBIES: \_\_\_\_\_

DAYS/TIME AVAILABLE: \_\_\_\_\_

OTHER INFORMATION (IF ANY): \_\_\_\_\_

REFERRED BY \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

DATE OF JOINING: \_\_\_\_\_

ACTIVITIES ASSIGNED AT THE CENTRE: \_\_\_\_\_

GROUP: \_\_\_\_\_ TEACHER: \_\_\_\_\_

FUNCTIONS: \_\_\_\_\_

DAYS: \_\_\_\_\_ TIME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

Dr. Analpa Paranjpe  
Principal, APEX Centre for Special Education