

## Volunteer/Non Professional Registration Form

Name:			
Father Name			
Date of Birth:			
National ID Card #:	Paste Photo Here		
Telephone (Res.):			
Mobile / Cell:			
E-mail:			
Address:			
Person to be contacted i	case of emergency:		
Relationship:	Telephone #:		

alifications:							
Institution	Degree	Major Subjects	Grade	Year			

Organization	loh Titlo	Dates		Reason for
Organization	Job Title	From	То	leaving

Skills:										
										*
Avai	lability:									
Date	es:		From	n:		To:			_	
Are t	here any sp	ecific days o	r time tha	it you are	e available i	If so, pleas	e tick in a	appropria	ate box:	
ef.		Мо	on	Tue		We	Wed		hu	Fri
9 a	am – 1 pm									
1 p	om – 5 pm									
Is the	ere any spec	ific departm	ent/area	you are	interested i	in? Please s	pecify:			
Refe	rees:							-		
1	Name:				Telephon	e:	Relationship			
2	Name:			1	Telephon	e:	Relationship			
Luno	lerstand that	voluntooring	a for DCU	E doos n	ot automati	aally antitla	mo for a	normano	nt ioh	
									rit JOD.	
Signa	ature:			<del>, , , , , , , , , , , , , , , , , , , </del>	Date	e:				
Instructions:										
•	Attach one c	opy of Natio	onal ID car	rd						
	Students wh	S. 50			ired to atta	ch copy of	National I	D card of	f their parer	nts
Attach one passport size photograph										
Internship/Volunteership request letter from institution (if applicable).										
<ul> <li>Applications should be submitted at least three weeks prior to the proposed starting date.</li> </ul>										
Please send duly filled application to the address given below:										
Pakistan Children's Heart Foundation 1-KM, Defence road Lahore, Pakistan										
Telephone: 0423 208 2029 Email: cr@pchf.org.pk										
Email: or@point.org.pk										
For C	Concerned D	epartment	Use Only:	8						
Depa	artment Nam	ne:				Signature				

Availability Till:

Date of Joining: