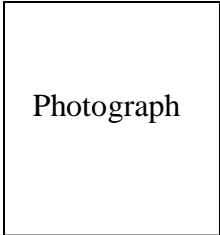




SHIAMAK'S

Victory Arts Foundation

Join Hands with Shiamak
Volunteer for VAF



Name of the Volunteer: _____

Age: ____ **years** **Gender:** F/M ____ **Qualification:** _____

Residence Address:

Office Address:

Occupation/Designation: _____

Contact Number: (Resi) _____ **(Off)** _____ **Mobile:** _____

E-mail Id: _____ **Nationality:** _____

How did you get to know about Victory Arts Foundation-VAF? –

Area of Volunteering Interest: _____

Other Information:

***Disclaimer**

Victory Arts Foundation-VAF shall not be responsible or liable for any misconduct, loss, damage, misuse of any kind caused by the volunteer to the associating volunteering or thereafter.

The volunteer shall adhere to such terms and conditions that the NGO may require for the volunteering activity.

x

Volunteer Signature and Date

***The volunteer allows Victory Arts Foundation to utilize the information in this form with other NGO'S and allied organizations and agrees to the disclaimer terms and conditions.**