

VEERAYATAN VOLUNTEER PROGRAM APPLICATION FORM

FOR VOLUNTEER PROGRAM & FELLOWSHIP SCHEME

**APPLICANT MUST BE 21 OR OVER.
APPLICANT MUST HAVE HEALTH INSURANCE
THAT COVERS HIM/HER IN INDIA FOR THE DURATION OF HIS/HER SERVICE WITH THE VVP.**

PLEASE PRINT IN BLOCK CAPITALS IN EITHER BLACK OR BLUE INK. MANDATORY FIELDS ARE DESIGNATED WITH A STAR (*).

I heard about Veerayatan through...* Please check all that apply.	Do you know anyone within the Veerayatan organization? Please provide the name and location of the person(s).
<input type="checkbox"/> A Veerayatan Brochure/Publication <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth <input type="checkbox"/> A Community Event <input type="checkbox"/> A Veerayatan Event <input type="checkbox"/> A University _____ (please list) <input type="checkbox"/> Another organization _____ (please list) <input type="checkbox"/> Other _____	
<input type="checkbox"/> I am happy to be contacted by the Veerayatan Family to receive project updates and newsletters.	

CONTACT DETAILS

Last Name*			
First Name*		Title*	
Current Address*		Mailing Address* (if different from current address)	
State/Province*	City*	State/Province	City
Post Code/Zip Code*	Country*	Post Code/Zip Code	Country
Home Telephone (inc. STD)*		Work Fax	
Home Fax		Email Address	
Mobile Telephone (inc. STD)		Website	
Work phone (inc. STD and ext)			

PERSONAL DETAILS

Date of Birth (DD/MM/YY)*	Nationality
Gender*	Company
Current Occupation	

SKILL BASE AND WORK RELATED INFORMATION

Institute(s) of study*	Education Background/Degree(s)*		
Proposed duration of service with VVP* (Number of days, months, and so on)			
Spoken Language Skill*	Proficient	Medium	Basic
English			
Gujarati			
Kachchhi			
Hindi			
Marathi			
Other			

PREVIOUS VOLUNTEER EXPERIENCE

Institute*	Role/Position*	Duration*

VOLUNTARY WORK PREFERENCE

List the areas of interest in order of preference from the following: Education, Health, Nutrition, Graphic Design, Environment, Web Developing, Management, Administration, Field Work.*

1.	2.	3.
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MOTIVATION FOR COMING TO VEERAYATAN

You are advised to write about 250 words for each question in essay form. Please answer the questions on a separate paper, clearly noting the question number.*

1. What is your primary motivation for participating in our Veerayatan Volunteer Program (VVP) and what do you aim to achieve from the program.
2. Living and working in an area that is still developing can be extremely challenging, both mentally and physically. Describe some of the qualities that you possess in order to overcome the challenges that you may be faced with. Include educational or work related examples where possible.
3. During your time at Veerayatan you will pick up a range of skills, ranging from interpersonal to technical. How do you aim to use these in your personal development? Include reasons for choosing Veerayatan as opposed to any other charitable organisation.

FELLOWSHIP PROGRAM (ONLY APPLICABLE TO APPLICANTS APPLYING FOR THE FELLOWSHIP PROGRAM)

APPLICANTS SHOULD BE AWARE THAT WE REQUIRE AT LEAST 9 MONTHS OF SERVICE FROM YOU IF YOU WISH TO PARTICIPATE IN THE FELLOWSHIP PROGRAM.

If you wish to apply for the fellowship scheme, check the box below and answer the following question in no more than 500 words.

Describe in detail any ideas of possible development/humanitarian projects and why you feel they will be important for Veerayatan to grow and develop. Include any information that you have gathered whilst researching the Veerayatan organisation.

HEALTH AND SAFETY

Do you have any **MEDICAL CONDITION(s)** such as allergies, heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc. which are important to know of in case of emergency? If yes, please provide details below.*

Yes/No

Do you have any medical condition(s) that may be affected by conditions such as high humidity, altitude or air pollution? If yes, please provide details below.*

Yes/No

Do you have any RESTRICTION(s) such as impaired vision, hearing, breathing, mobility, etc? If yes, please provide details below.*

Yes/No

Do you have a history of mental or emotional instability? If yes, please provide details below.*

Yes/No

Are you currently under the care of a physician for any of the above-mentioned conditions? If yes, please provide details below.*

Yes/No

Do the medical condition(s) and/or restriction(s) noted require special arrangements, equipment, or assistance for you to participate in an active schedule as described in the Veerayatan Volunteer Program? If yes, please provide details below.*

Yes/No

Do you require any prescription medications on a regular basis in order to function effectively? If yes, please provide details below.*

Yes/No

You **must** have health insurance that covers you for the duration of your stay in India during your service with the VVP. We will take **no responsibility** for any health problems or injuries occurred during your service with the VVP.

Personal physician*	Telephone number* (24 hour if possible, inc. STD)
Do you have health insurance that covers you in India during the duration of your service with the VVP? Answer yes or no.	Health Insurance Carrier*
Health Insurance policy number*	Expiration date*

REFERENCES

Reference 1*:	Reference 2*:
Address:	Address:
Phone*:	Phone*:
Email:	Email:
Occupation:	Occupation:
Relationship*:	Relationship*:

VVP REGIONAL COORDINATORS

All volunteers must send a **complete application package** to their respective VVP Regional Coordinator in order to be considered for placement. Incomplete applications will not be considered.

A complete application includes the following: 1) Signed VVP Application Form, 2) Signed Terms and Conditions, 3) Health and Emergency Contact Form. You are advised to keep a copy of all of these forms for your own records. You will be contacted when your application is received.

Volunteers in Europe, Australia, Asia or Africa, please send your complete application package to:

Anish Mehta
VVP Regional Coordinator
146 Chamberlayne Avenue
Wembley, Harrow
HA9 8ST United Kingdom
Tel: +44 161 428 2577
Email: anishmehta2@yahoo.co.uk

Volunteers in the USA and South America, please send your complete application package to:

Chandrakant Shah
1321 Washington Valley Road
Bridgewater, NJ 08807
USA
Tel: +1 (908) 725-0389
Email: Chandra_d_shah@yahoo.com

WAIVER OF LIABILITY

I, the undersigned, acknowledge and understand that for the purpose of this RELEASE, WAIVE AND DISCHARGE, and COVENANT 'Veerayatan' includes Veerayatan anywhere in the world including but not limited to Veerayatan, India, Veerayatan International Incorporated, USA and Veerayatan, U.K, its administration, trustees, executives, volunteers, members, agents, employees and representatives.

I, the undersigned, acknowledge that I am fully informed of the nature and severity of the risks I may face in accepting a volunteer placement with Veerayatan¹, including damage to property, financial losses, illness, injury and even death. I also acknowledge my agreement to assume all such risks. I acknowledge and agree that I am responsible for my safety and my own health care needs, and for the protection of my person and property. I will follow all the laws of the country and any other local government where I may be posted.

I agree to fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Veerayatan, Veerayatan International Incorporated and Veerayatan U.K., including, but not limited to, Veerayatan's administration, trustees, executives, volunteers, members, agents, employees and representatives, for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my participation in the Veerayatan Volunteer Program, whether or not foreseeable or contributed to by the negligent acts or omission of Veerayatan or others. I further agree to defend and indemnify Veerayatan against all claims or legal actions arising in any way from my conduct at any time during the period of my placement, whether or not the allegations concerning my conduct relate to my volunteer work or whether or not they are ultimately proven. This release of liability binds me, my heirs assigns, and successors and interests. I know and agree that Veerayatan may discontinue my work, program or fellowship without any notice and I will not have any type of claims whatsoever. I permit Veerayatan to use any of the information pertaining to my work for its use, publication and desire. I am at least 21 years of age and I am signing this waiver of liability with my complete knowledge.

Applicant Signature*	Date*
Print Applicant Name*	
Witnessed by (Witness must be over the age of 18)*	Date*
Print Witness Name*	

¹ I understand that Veerayatan refers to Veerayatan, Veerayatan International Incorporated and Veerayatan U.K.