



HAIR TO HELP

A PROJECT OF
PAKISTAN YOUTH FORUM®

Volunteer Form

Telephone (0092) 21-36405006
Email admin@hairtohelpakistan.com
www.hairtohelpakistan.com

L508 Haji Limo Goth
Gulshan-e-iqbal block 3
karachi, Pakistan

Contact Information

| | |
|--------------------|---|
| Name | |
| Street Address | |
| City | |
| Home Phone | |
| Cellular Phone | |
| Email | |
| Sex | |
| Age (Select a Box) | <input type="checkbox"/> 16 -17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71+ |

Employment

| | |
|------------------|--|
| Present Employer | |
| Address | |
| Work Phone | |
| Occupation | |

Interest Areas

Tell us in which areas you are interested in volunteering.

- | | |
|--|---|
| <input type="checkbox"/> IT Assistance | <input type="checkbox"/> Process Hair Donations |
| <input type="checkbox"/> Clerical Duties (Phones/Filing) | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Letters/Mailings | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Salon Recruitment |
| <input type="checkbox"/> Public Speaking | |

Availability

- Monday Tuesday Wednesday Thursday Friday

Volunteer Experience

| | |
|---|--|
| Have you ever volunteered Before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently Volunteering? If so, where? | |

Previous Volunteer Experience

Summarize your previous volunteer experience.

Special Skills or Qualifications

Summarize special skills and qualifications you have for working with youth.

Person to Notify in Case of Emergency

| | |
|----------------|--|
| Name | |
| Street Address | |
| City | |
| Home Phone | |
| Work Phone | |

Publicity Agreement

Does Hair To Help have your permission to use photographs which may have been taken during the course of your volunteering for publications related to the work of the organization?

Yes No

Signature

Date

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.