|  |  |
| --- | --- |
| **Full Name** | Click here to enter text. |
| **Sex** | Click here to enter text. |
| **Age** | Click here to enter text. |
| **Marital Status** | Click here to enter text. |
| **College/University**  | Click here to enter text. |
| **Course** | Click here to enter text. |
| **Contact Number** | **1.** Click here to enter text. **2.** Click here to enter text. |
| **Email ID** | Click here to enter text. |
| **Permanent Address**  | Click here to enter text. |
| **Areas of Interest** |  |
|  | Community Mental Health Program (Camp) [ ]  |
| Community based rehabilitation centers (THRIVE and Mind Café) [ ]  |
| De-addiction and rehabilitation center [ ]  |
|  | Awareness on de addiction and rehabilitation [ ]  |
|  | Awareness on mental health [ ]  |
|  | Social sites [ ]  | Administrative [ ]  |
|  | Networking [ ]  | Data entry [ ]  |
|  | Report writing [ ]  | Photography [ ]  |
| **Total days of Volunteering:** | Click here to enter text. |
| **Total hours per week ( Cross Mark)**  | * **1 – 10 --------------**[ ]
* **11 – 20 ------------**[ ]
* **21 – 30 ------------**[ ]
* **31 – 40 ------------**[ ]
* **41 & above-------**[ ]
 |
| **Available time frames** | **Monday to Friday****Start time** Click here to enter text. **End Time** Click here to enter text. |
|  | **Saturday****Start time** Click here to enter text. **End Time** Click here to enter text. |
|  | **Sunday****Start time** Click here to enter text. **End Time** Click here to enter text. |
| **Signature** |  |