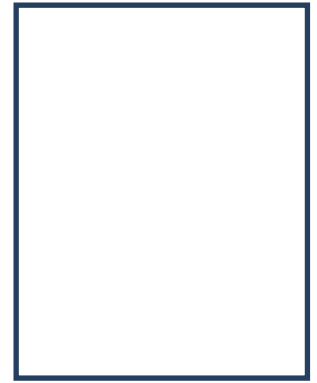




ARPITA SUICIDE PREVENTION HELPLINE

VOUNTEER APPLICATION FORM



CONTACT DETAILS

Name :

GENDER :

Date of Birth :

Govt ID Proof: Aadhar / PAN / Passport / Driving License (Please check one)

Govt ID Proof Number :

Telephone Number:

Watsapp Number :

Email ID:

Current Address :

.....

Permanent Address :

.....

VOLUNTEER DETAILS

Highest Educational Qualification :

.....

Relevant Counselling Skills/Qualification/Experience :

.....

Are you a certified counsellor : Yes / No

If yes, who is the certification from ?

.....

(Please attach a copy of the certificate)

Do you have prior counselling experience : Yes / No

If yes, please

elaborate.....

.....



ADDITIONAL QUESTIONS

1. How long have you been in Bangalore?
2. How did you hear about Arpita Foundation?
3. Are you a volunteer with any other NGO?
4. What languages are you comfortable communicating in?
5. What are your reasons for wanting to join Arpita Suicide Prevention Helpline?
6. How much time are you willing to spend with the helpline each week?
7. Are you willing to commit the next six months (minimum) if selected as a counsellor?
8. Please provide us one references (non-family) based in Bangalore
9. What are the other areas you would like to assist Arpita Suicide Prevention Helpline? Please tick:

Fundraising / Community Outreach / Event Management / Awareness Building

Reference 1: Name

Relationship

Mobile Number

Name

Signature

Date