



UNIVERSAL SMILE

UNIVERSAL SMILE VOLUNTEER INFORMATION FORM

NAME: _____

FATHER'S/ SPOUSE'S NAME : _____

CURRENT MARITAL STATUS : _____

DATE OF BIRTH : ____/____/____ DATE OF MARRIAGE : ____/____/____

ADDRESS : _____

PHONE NUMBER : _____ E-MAIL ADDRESS : _____

PROFESSION : _____ GENDER : M F

FEW LINES ABOUT YOURSELF: _____

Note for Volunteer:

1. Universal Smile Campus and do not allow consumption of tobacco and tobacco by-products within the campus.
2. Universal Smile adheres following policies on Child Protection, Gender, HIV/AIDS, Sexual Harassment at Workplace, Code of Conduct. You will be required to read these policies and abide by the same during the course of your engagement with the institute; Copies of these policies are available during working hours with the Resource Centre / with your Supervisor.
3. Violation of institutional norms & policies may lead to disciplinary actions against the concerned person(s).
4. You will be assigned to report to a Senior Official who would guide you throughout the period of your engagement as Volunteer / Intern.
5. You would be required to sign visitor's book from the respective guide.
6. You would be required to submit a report of your learning and if required a small presentation.
7. Your suggestions will be very much appreciated.

The information cited above is true to the best of my knowledge and I also declare to abide by the terms & conditions mentioned above. There will be no change in the T&C after signing of this form by the applicant.

DATE : ____/____/____

PLACE : _____

SIGNATURE