



## Initiative for People in Need (IPN) Volunteer Registration Form

### Service to Humanity

I hereby take oath;

- To try to take on positive thinking and attitude and to be loyal towards my homeland.
- That I will try to keep my heart clean and clear from grudge, jealous and hatred.
- That I will always try to speak the truth and I will abide by the traffic rules.
- To promote positivism in my family, locality, organization and in the circle of my friends & acquaintances.
- That I will always try to keep my environment neat & clean.
- To help BYF in spreading positivism across the country.
- I will work free of cost without any expectation.
- I will take care of organizational policies and procedures.
- Organization has right to cancel my registration in case of any obligation.
- I will donate RS 100 for donation in the form of registration fee.

May Allah (Subhanuhu wa 'tala) help me fulfill my promise. My Particulars are as under;

#### Personal Information:

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ CNIC: \_\_\_\_\_

Gender: \_\_\_\_\_ Blood Group: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Current City: \_\_\_\_\_

Permanent address:

\_\_\_\_\_

Cell No: \_\_\_\_\_ Email: \_\_\_\_\_ Profession: \_\_\_\_\_

#### Education:

Last Degree: \_\_\_\_\_ Institute: \_\_\_\_\_ Year: \_\_\_\_\_ Department: \_\_\_\_\_

#### Trainings or workshops details if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Previous working experience as volunteer if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BYF office, APS building near Post office, Main KKH road, Bazar colony, Dubbair Kohistan, KP.

**Contact:** 0343-9441339, 0300-5271692, 0302-8329821

**E-mail:** ipn.charity@gmail.com

**Professional details:**

Organization	Designation	Experience

**Area of Interest/Type of work you can perform as volunteer:**

Tell us in which area you are interested in volunteering.

1. Disaster management. 2. Health services. 3. Clean water. 4. Helping others. 5. Education. 6. Community services. 7. Forest and wildlife preservation. 8. Others \_\_\_\_\_

**Availability:**

1. Full time                      2. Part time.                      3. Any time.

**Availability if part time volunteer:**

Please mention days. (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday).

**How did you come to know about BYF:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only	
Referred by: _____	Recommended by: _____
Approved by: _____	Registration fee received RS: _____
Received by: _____	Fee received date: _____ Registration No: _____
Remarks: _____	

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