

# A GIGGLES WELFARE ORGANIZATION

Functional Office:-C63,South Extension  
 Part-2,New Delhi-110049  
 Website:- [www.agwo.org](http://www.agwo.org),  
 E-mail:- [contact@agwo.org](mailto:contact@agwo.org)  
 Contact# 011-41010774

## VOLUNTEERING APPLICATION FORM

Date

<b>Name</b>	First name _____ Last name _____
	Father's/Guardian's Name _____
<b>Professional Info</b>	College / Organization/Occupation (with city) _____
	Department / Faculty _____
<b>Current address</b>	Current address _____
	_____
	City _____ Pin _____ State _____
	Telephone (with code) _____ Mobile _____
<b>Permanent address</b>	Permanent address _____
	_____
	City _____ Pin _____ State _____
	Tel. (with code) _____ Mobile _____
<b>Email</b>	Email address _____

### How did you come to know about AGWO?

Referred by a friend

Please mention the name

Attended any AGWO Program

Please mention where?

AGWO Website

Please mention how?

Others

Please mention in brief.

**Please provide following Information**

- Please share a brief profile of yourself (background, interest areas, current engagements)
  
- Why would you like to volunteer with AGWO?
  
- Which specific program would like to volunteer for?
  
- What function would you like to volunteer for (administrative tasks like calling, emailing, mailings, organisation or research assistance, media, please note for non-admin tasks we would have to test if you have the skills to work in that function)
  
- Please mention the total duration, timings, number of days you would be able to work with AGWO and preferred starting date
  
- Please share your expectations from this experience (learning, stipend, other resource support etc.)
  
- Would you be able to come to office or would prefer to work from home?
  
- Do you have any criminal record or police case?

**Please attach your updated resume and a recent passport size photograph for the completion of this Form.**