

SAHELI

Support for South Asian Women



Volunteer Application

Title: _____ First & Last Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone: _____

Email: _____

I would like to be contacted by:

Email

Phone

Mail I would like to receive event invites & newsletters:

I heard about Saheli through?

Friend Work Newspaper Social Event E-mail/Web-site TV/Radio Other, explain

Areas of Service I am interested in volunteering are *(select all that apply)*:

Women's Health Legal and Immigration Issues Economic Independence Family Discord & Domestic Crisis

Assistance Social Events and Community Outreach

My available hours are: _____ I have access to transportation: _____

I am interested in this area of service because: _____

P.O. Box 1345, Burlington, MA 01803

1-866-4SAHELI

sahelihelp@gmail.com

www.saheliboston.org

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My strengths are: _____

My experience in this field *(if any)* _____

My previous volunteer experience *(if any)*: _____

Other details: _____

Volunteer's Consent

I understand that as a volunteer with SAHELI, activities performed by me may involve physical activities, contact with unidentified or unfamiliar persons, travel to and from unspecified locations, and other potential risk of injury. Knowing this I still wish to volunteer and assume the risk of any accident or injury to person or property, which I may sustain in connection with my participation as a SAHELI volunteer. In addition, I hereby release and discharge SAHELI and any of its Boards, Committees, Employees, Partners and Successors from any and all liability or responsibility for any accident or injury. I also agree to maintain confidentiality in services I have performed.

Signature: _____ Date: _____

Declaration:

I declare that I have read through the volunteer application form and that all of the information I have given is accurate and complete to the best of my knowledge. I will also adhere to SAHELI's member policies.

Signature: _____ Date: _____

For Sabeli Official purposes only

Membership fees received: Received by: _____ Additional Notes:

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