



<input type="checkbox"/> VOLUNTEER GUIDE PROGRAM	OFFICE USE ONLY
1.....	2..... 3.....
ASSIGNING ORGANIZATION: _____	
WORK PLACE ADDRESS: _____	
WORK TIME _____ DATES: ___/___/___ to ___/___/___	
APPLICATION RECEIVED DATE: _____ PERMANENT ID: _____	

VOLUNTEER VIBRANT GUJARAT 2015 APPLICATION FORM

(Please type or write neatly using black/blue ink and send back to us)

1. GENERAL INFORMATION (CHANGE THE FONT COLOR OF YOUR OPTION)			
FULL NAME:		GENDER (MALE / FEMALE):	
MARITAL STATUS:		DO YOU HAVE ANY POLICE CASE ON YOU:	
PERMANENT ADDRESS:			
CURRENT ADDRESS: (if not same)			
POSTAL CODE:	CITY:	State:	COUNTRY:
PHONE (COUNTRY/CITY CODE):		E-MAIL:	
BIRTHDATE (DD/MM/YY): ____ / ____ / ____		YOUR FACEBOOK ID:	
PASSPORT NUMBER & COUNTRY:		LOCAL CONTACT NO.:	
WORKPLACE/STUDY PLACE ADDRESS:			
QUALIFICATION:		OCCUPATION:	
LANGUAGES YOU SPEAK:			
DATE OF PARTICIPATION:		DO YOU SMOKE? YES/NO	
VEHICLE YOU DRIVE:		BLOOD GROUP:	
WOULD YOU BE WILLING TO TAKE CARE OF YOUR EXPENSES AS VOLUNTEER GUIDE? YES/NO			
WOULD YOU BE WILLING TO WORK WITH PEOPLE OF ANY GENDER, AGE AND RELIGION? YES/NO			
WOULD YOU LIKE TO WORK WITH VISHVET IN ANY OTHER PROJECT? YES/NO			
DO YOU HAVE ANY ALLERGIES / HEALTH PROBLEM? YES/NO (IF YES MENTION)			

2. EMERGENCY CONTACT INFORMATION DURING PROGRAM		
NAME: _____	RELATION: _____	MOBILE NO. _____

CONDITIONS OF PARTICIPATION

VISHVET FOUNDATION expects that Vishvet Volunteers will follow the program rules listed below and read all the conditions of participation in general. Each participant should agree to abide by these conditions by signing below. If required VISHVET FOUNDATION would ask for the signature of a parent or guardian for Volunteer Guides who are studying in universities.

1. VISHVET FOUNDATION Volunteer Guides must obey all national, state, and local laws at all time. Breaking of any law or rule can result in dismissal from the program.
2. Smoking is prohibited for anyone associated during the program.
3. Consumption of alcohol and tobacco products is forbidden during the program.
4. VISHVET FOUNDATION is not offering any medical/travel insurance during the program.
5. Any other person from your friends and family will not be allowed to accompany you during the program if they have not mentioned in advance.
6. VISHVET FOUNDATION does not discriminate against race, nationality, creed, or religion. Assigned Volunteer guide should be treated with respect.
7. Volunteer Guides must obey the rules and time schedules strictly.
8. Volunteer Guides who visit the places are required to respect all customs and demonstrate a positive, cooperative attitude.
9. Vishvet Foundation will not responsible for mischief, social abuse or other accident during the program.
10. Volunteer guide should be ready to perform job for any change in schedule at last moment.
11. Volunteer guide have to be medically fit and maintain hygiene during the program.
12. Vishvet Volunteer Guides should wear outfits that support Indian culture.
13. You can exchange the gifts but don't ask or offer any money or costly gift without Vishvet's Concern.
14. Have permission always to enter in foreign guest's hotel room during the participation.
15. You can't change the route or force us to change at last moment.
16. Any requirement from Foreign Guests which is not related to program has to be informed to Vishvet.
17. Don't change or transfer assigned job at last moment or exchange your seat with other.
18. Foreign Guests are not allowed to visit personal relatives of Volunteer guide during the participation.
19. Driving license should be carried by the driver of vehicle every time during the travel.
20. Volunteer Guide must try their very best to integrate into their assigned job and the program with the understanding that there are going to be major differences between Foreign people life style.
21. **Volunteer Guide need to submit a photocopy of address proof, Work ID or Student ID proof and latest photograph along with the form.**

SIGNATURES OF AGREEMENT

I, the undersigned, confirm that I have read and agree to abide by the conditions above. There is no reason – pre-existing health condition, emotional or behavioral problems, etc. – why I should not be able to participate in the program. I also confirm that I have not been convicted of any felony and that falsifying or withholding of any information on the application could result in program dismissal. By signing below, I also authorize VISHVET FOUNDATION and its affiliates to use any photographs accompanying this application or any photographs taken while participating on a VISHVET FOUNDATION program for promotion or publicity.

Signature of Participant: _____ Date _____