



## **VOLUNTEER REGISTRATION FORM**

**IMPORTANT: PLEASE FILL IN THE FORM COMPLETELY (PLEASE USE BLOCK LETTERS)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** M/F \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_ **BEST TIME TO CALL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_

**DETAILS OF PRANIC HEALING COURSE COMPLETED BY YOU:**

Course in Month/ Year	Course in Month/ Year	Course in Month/ Year
Basic:	Advance:	Psychotherapy:
Soul:	Arhatic:	Level:

**Groups You Would Like To Join:**

- |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Spreading Meditation on Twin Hearts<br><input type="checkbox"/> Help in Media Related Activities<br><input type="checkbox"/> Volunteering in Social Events<br><input type="checkbox"/> General | <input type="checkbox"/> Fund Raising For Foundation Projects<br><input type="checkbox"/> Pranic Healing in Education system<br><input type="checkbox"/> Kriyashakti and Psychic Self Defense for Foundation<br><input type="checkbox"/> Others _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Number of Hours you Can do Service:**

**MONDAY**

Coming to the Foundation: \_\_\_\_\_  
From Home: \_\_\_\_\_

**WEDNESDAY**

Coming to the Foundation: \_\_\_\_\_  
From Home: \_\_\_\_\_

**TUESDAY**

Coming to the Foundation: \_\_\_\_\_  
From Home: \_\_\_\_\_

**THURSDAY**

Coming to the Foundation: \_\_\_\_\_  
From Home: \_\_\_\_\_

**FRIDAY**

Coming to the Foundation: \_\_\_\_\_

From Home: \_\_\_\_\_

**SATURDAY**

Coming to the Foundation: \_\_\_\_\_

From Home: \_\_\_\_\_

**SUNDAY**

Coming to the Foundation: \_\_\_\_\_

From Home: \_\_\_\_\_

**FOR EVENT/ CAMP**

\_\_\_\_\_

\_\_\_\_\_

Service that you can provide, which can benefit the foundation [Please mention any skills eg. Writing, Graphic Designing, or introducing our Foundation to different Organizations/ Institutions/ Corporate Houses etc]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions/ Feedback: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature & Date