

Volunteer Registration Form

CUPA Admin Office
Kensington Apartments, Flat D, Ground Floor,
18/1 Ulsoor Main Road, Ulsoor,
Bangalore 560 008, Karnataka India
(Mon to Sat, 9.30 am to 5.30 pm)
Ph: 080 22947317

* Required

1. Name of the volunteer *

2. Age *

3. Gender *

Check all that apply.

Male

Female

4. Profession *

5. Address *

6. Telephone *

7. Mobile *

8. E-mail *

9. Occupation *

I would like to work in the field of :

(please mark Yes or No)

10. 1. Animal Care - direct handling of animals :

Mark only one oval.

- Yes
 No

11. 2. Events and Fund Raising :

Mark only one oval.

- Yes
 No

12. 3. Computer or web-based work :

Mark only one oval.

- Yes
 No

13. 4. Humane Education in schools :

Mark only one oval.

- Yes
 No

14. I have experience in this field :

Mark only one oval.

- Yes
 No

15. I am over 18 years of age :

Mark only one oval.

- Yes
 No

Statement of Commitment :

If due to unexpected circumstances I am unable to do so, I shall inform the Shelter staff. I agree to take the 3 anti rabies pre bite vaccinations on Days 0-7-21, if I choose to work directly with animals. (These are latest, Intramuscular shots in the arm).

INDUCTION FORM – CUPA ANIMAL CARE VOLUNTEERS

A few questions :

16. Do you wish to work for:

Mark only one oval.

- 2 weeks
- 4 weeks
- If longer, please state the period
- Indefinite period

17. Where did you hear about CUPA and why did you choose to volunteer specifically with this organization?

18. Have you worked as a volunteer before? If yes, what did you do, when, and with which organization?

19. What other interests do you have?

20. Would your period of volunteering be part of a school or college internship? If so, please state the full name and address of the Institution.

21. Would your Institution expect a letter of acknowledgment/ recommendation from CUPA, at the end of the period?

22. If so, are you agreeable to giving a formal letter from the head of your Institution or Department? This must be addressed to the Hon. Secretary CUPA, requesting for this internship.

Kindly remember to attach a Xerox copy of the vaccination certificate to your form during Induction, date of which will be indicated to you by e-mail, once we receive the application, duly completed.

In case you get bitten or injured, who do we contact? Please give us the telephone number and name of the contact person.

23. Name

24. Phone

DISCLAIMER :

I am agreeable to the objectives and policies of CUPA.
CUPA will not be held responsible in any manner for any untoward accident or incident during my visit.
I will not misuse any information and materials of any of the CUPA centers at any given time. I will not take photographs without prior permission.
I will not perform any procedures or interfere with any medical treatments during my visit to CUPA.
I will dress appropriately as per the rules of the organization.
I will share all observations and information only with the Management.
I will adhere to the Volunteer rules and policies of CUPA. Any information I have to share will be directed only to the management and not with the staff or administration of CUPA.

25. Signed: Name

26. Signed: Date

Example: December 15, 2012

Declaration

On my being approved and accepted as a Life member of CUPA, I accept and will abide by the Policies and Regulations of the Organisation. I will at no point, go against the Organisation, singly or in concert with others at any time intended to deliberately bring down the efficiency & reputation of the Organisation, in public or otherwise.

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