



UNITED NATION WELFARE FOUNDATION

A UNIT OF UNITED NATION INTER-GOVERMENTAL ORGANIZATION

www.unwelfarefoundation.org | unwelfarefoundation@gmail.com

VOLUNTEER FORM

(FILL THE FORM IN BLOCK LETTERS. PROVIDE A VALID ID PROOF ALONG WITH THE FORM)

NAME: _____

FATHER'S NAME: _____

NATIONALITY: _____ DOB: ____ / ____ / ____



GENDER: MALE FEMALE OTHERS BLOOD GROUP: _____

ADDRESS: _____

_____ POSTAL CODE: _____

EMAIL ID: _____

CONTACT NUMBER: _____

QUALIFICATION: _____

CURRENT PROFILE: STUDENT FRESHER EXPERINCED

WHY YOU WANT TO BE A VOLUNTEER?: _____

TERMS & CONDITIONS

1. The UNWF does not hold liability for any unethical practice done by you.
2. That UNWF holds the right to terminate you at any time without giving prior notice to you, if find guilty of unethical practice.
3. That an I-Card is issued by the organization after becoming a Member or Officer. That I-Card is a property of the UNWF. Either if you get terminate or voluntarily resigns, you will not be further more entitled to use that I-Card.
4. That you will not get any of your donations refund, either if you get terminate or voluntarily resigns.
5. That the organization will not be used for any criminal activity or other illegal purposes, whether fiscal or otherwise, in any jurisdiction and I understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
6. That I have never been convicted of any criminal offence (other than a minor motoring offence) nor have I ever been declared bankrupt or the subject of an investigation by a governmental, professional or other regulatory or statutory body. If any please Specify in given column or write to us.
7. All disputes arising out of or in any way connected with this Organization shall be deemed to have arisen at Santa Clara, California, USA being its Corporate Office and only courts in there shall have jurisdiction to determine the same.

I hereby, accept the above T & C and declare that the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed therein. In the event of any information found incorrect, or violation of any rule of the UNWF, my appointment shall be liable to be cancelled at any time without any prior notice and I shall not be entitled to refund of any donation paid by me.

Place:

Date:

Signature of the Applicant
(SIGN INSIDE THE BOX)

Note: Please attach

1. IDENTITY PROOF
2. RESUME
3. PASSPORT SIZE PHOTO
4. QUALIFICATION CETIFICATE

FOR OFFICE USE ONLY

MEMBERSHIP TENURE:

MEMBERSHIP NUMBER:

APPLICATION RECEIVING DATE: ____/____/____

AUTHORIZED SIGNATORY