**SRI LANKA SUMITHRAYO**

**APPLICATION FORM FOR PROSPECTIVE VOLUNTEERS**

* **NAME: …………………………………………………………………………**
* **AGE: ……………………………**
* **GENDER: ……………………………**
* **TELEPHONE: …………………………..**
* **EMAIL:…………………………………………………….**
* **HOME ADDRESS:…………………………………………………………….**
* **EDUCATIONAL/PROFESSIONAL QUALIFICATIONS:**

**………………………………………………………………………………………………….…………………………………………………………………………………**

* **PRESENT OCCUPATION: ……………………………………………**
* **CIVIL STATUS: SINGLE / MARRIED**
* **LANGUAGES SPOKEN………………………………………………………..**
* **REASON FOR WANTING TO VOLUNTEER AT SRI LANKA SUMITHRAYO**

**………………………………………………………………………………………………………………………………………………………………………………………………**

**I AM ABLE TO SPARE TIME FOR VOLUNTEER TRAINING**

**I AM ABLE ABLE TO VOLUNTEER 4 HOURS A WEEK REGULARLY & MY**

**PREFERENCES ARE: 9:00am – 1:00pm Monday to Friday**

 **1:00pm – 4:00pm Monday to Friday**

 **9:00am – 1:00pm Saturday or Sunday**

* **WHICH SLS BRANCH WOULD YOU LIKE TO JOIN? ……………………..**

***(choose from below)***

**OUTREACH UNIT (HORTON PLACE, COL 7), COLOMBO SOUTH (Nugegoda), PANADURA, NEGOMBO, KANDY, MAWANELLA, KURUNEGALA, MATALE, BANDARAWELA, JAFFNA, PANDUWASNUWARA, LUNUGAMWEHERA**

**…………..**

**DATE**