

Alingon Kollan Sangstha

Empowering Communities for a Just and Sustainable Future

alingonbangladesh@gmail.com

www.alingon.org

Volunteer Registration Form

Personal Detail

Full Name	
Date of Birth	
Blood Group	
Address	
City	
State	
Zip Code	
Phone Number	
Email Address	

Emergency Contact Information

Full Name	
Relationship	
Phone Number	
Alternate Phone Number	

Availability

Days Available (check all that apply):

- Saturday Wednesday
 Sunday Thursday
 Monday Friday
 Tuesday

Times Available (check all that apply):

- Mornings
 Afternoons
 Evenings

Skills and Interests

Please describe any relevant skills or interests

Preferred Volunteer Roles (check all that apply)

- Event Planning & Promotional Support
- Fundraising
- Community Outreach
- Administrative Support
- Mentoring
- Other: _____

Previous Volunteer Experience (If Any)

Organization Name	
Role	
Duration	
Responsibilities	

Medical Information (Optional)

Allergies or Medical Conditions _____

Medications _____

Consent and Agreement

By signing below, I certify that the information provided is accurate and complete. I understand that this is a volunteer position and does not include compensation. I agree to follow the organization's policies and procedures.

Signature

Date:

