

Dr P R K Prasad Centre for Rehabilitation of Blind and Visually Impaired

L V Prasad Eye Institute, L V Prasad Marg, Banjara Hills, Hyderabad 500034

Volunteer Registration Form for ≤ 18 years

Name :

Age/Gender :

Father's Name :

Address :

Phone number(s) :

Email ID(s) :

Name of the School :

Standard :

1. Describe the purpose of doing volunteer services at the rehabilitation centre of L V Prasad Eye Institute.
2. Describe your past experience with persons with different disabilities.
3. What motivated you to do volunteer activities for the visually impaired?
4. How do you come to know about the volunteering activities at L V Prasad Eye Institute?
5. What are your expectations out of doing volunteering services at the rehabilitation centre of L V Prasad Eye Institute?

Tick your areas of interest from the list below

Voice lending for preparation of digital audio books (REQUIREMENT – LANGUAGE FLUENCY/ FLUENCY IN READING BOOKS)

Please mention the language(s) - English (Indian accent mandatory) /Telugu/Hindi/Others

Data Entry

Preparation of teaching learning materials such as tactile clock, map, calendar, etc... (Material cost to be borne by the volunteers)

Production of documentary film/video/photography on successful case stories of disabled

Mandatory Requirements:

- Applicants should bring a consent letter from the school authority along with the signature of the school head and the parent.
- Commitment of minimum 50 hours of volunteering activities in a month is mandatory if 'acknowledgement letter' from the organization is expected.

NOTE:

- Volunteering opportunity at the centre is subject to the service requirement.

Consent Letter for Volunteer services

This is to certify that _____ is a student of _____ studying in _____ class. He / She is interested in doing volunteer services at Dr P R K Prasad Centre for Rehabilitation of Blind and Visually Impaired, L V Prasad Eye Institute, Hyderabad. He / She wants to do volunteer services with his/her own interest and willingness of the parent(s).

Hereby we declare that you can enroll him/her as a young volunteer for doing volunteer services at your institute.

Signature of the school authority with seal:

I am Mr. /Mrs. _____ willing to send my child _____ to do volunteering activities at Dr P R K Prasad Centre for Rehabilitation of Blind and Visually Impaired, L V Prasad Eye Institute, Hyderabad. Hence I request you to enroll my child as a young volunteer and I assure that I am sending him/her with my full knowledge and permission.

Name of the Parent(S):

Signature of the Parent(s):

Contact no:

I am Mast. /Ms. _____ interested in doing volunteer services at Dr P R K Prasad Centre for Rehabilitation of Blind and Visually Impaired, L V Prasad Eye Institute, Hyderabad. I want to do the volunteer services with my own interest and knowledge of my parents. I hereby ensure that I will abide by the rules of your institute applicable for the volunteers.

Signature of the candidate: