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

Volunteers Application Form

Name	:				
Age/Gender	:				
Date of Birth (Optiona	l):				
Address	:				
Occupational status :					
Phone number(s) :					
Email ID(s) :					
INTERESTED AREAS OF WORK					
Voice Record	ling of books (English/Telugu/Hindi/Others- Please mention)				
Coordination	Coordination Parental workshops/Special events/Camps				
Direct patien	Direct patient service delivery (Teaching special skills)				
Scribe writing	Scribe writing on behalf of the visually challenged				
Reader servic	Reader services				

Braille library project work					
Fund raising					
Educational and Vocational placement					
Data Entry					
Translation English to Telugu/Hindi					
glish class for the visually challenged					
IT training for the visually challenged					
Minimum period of commitment 6 Month 1 year					
Signature of the Volunteer:					
Date:					