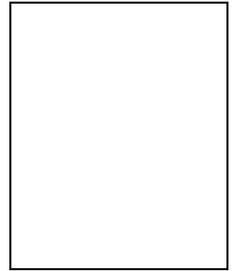




**I DREAM ABOUT
FOUNDATION**
"Information Related to Taoline Information"
FOUNDATION
I DREAM ABOUT

I Dream About...Foundation

Internship Form



Personal Information:

Name:-			
Address:-			
City:-	Pin:-	State:-	
Mobile No.		Home No:-	
E-Mail Address:-			

Educational Qualification:

DEGREE	COLLEGE/INSTITUTE	BOARDE/UNIVERSITY	SCORE
S.S.C.			
H.S.C			
GRADUATION			
MASTERS			

2. Any other training or any other additional courses? If yes, please mention:

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Special Skills /Qualifications:

Summarize your previous Volunteer/Cultural/Sports/Achievements experience/environment programme or Work Experience with any company? If yes, please describe the activity and your ROLE.

Internship Details:

1. Duration of Internship from: ___ / ___ / ___ - ___ / ___ / ___

2. Number of months/weeks: _____

Interests:

(Please use highlighter for selecting. You can tick more than one option)

Tell us in which areas you are interested in volunteering:

To Create Awareness	To Help Wildlife	To Bring Green revolution
Anti Smoking/Drugs/Alcohol Campaign.	To volunteer after Natural and Man-Made calamities	To Provide Education and Development
To Help With Women issues	To Deal With Economic Problems	To Deal with Community Health & Social Problems
To Help The Disabled & Orphans	To Provide Health Care Facilities (Clean Society.)	To Encourage Sports & Cultural events
Field Work	Research	Documentation
Networking/Campaigns/ Fund Raising	Communication Material Development	

4. How do you think the learning's from this internship will be useful in your professional and personal life?

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Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, misbehavior, use of the Foundation name for gaining personal benefits or other misrepresentations made by me on this application may result in my immediate dismissal.

Name :	
Signature:	Date of Application:

Person to Notify in Case of Emergency:

Name:-		
Address:-		
City:-	Pin:-	State:-
Mobile No.	Home No:-	
E-Mail Address:-		

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

For further inquiry call us on +916359042424.

Thank you for completing this application form and for your interest in volunteering with us.

Terms and Conditions:

- 1. The interns once placed at IDA FOUNDATION will need to complete the term for which the placement has been agreed upon. Once decided, no change will be generally allowed, but exceptions will be allowed in case the intern and mentor feel the need for a change in assignment.**
- 2. IDA FOUNDATION will provide a Certificate to the intern on completion of the term and based on the report from the mentor.**
- 3. The intern will follow IDA FOUNDATION rules and conform to the values and work ethics of the organization.**
- 4. The intern will need to have their own medical and other insurance. IDA FOUNDATION will not provide this facility.**
- 5. In case of a medical emergency or any genuine problem which needs that the intern would not be able to complete the mandatory days, the mentor can recommend extension of the term depending on the requirement for the project. In such cases, certificate will be given only if the internship is completed.**