



## AMERICAN TAMIL MEDICAL ASSOCIATION

A non-profit, tax-exempt 501(c) (3) organization

Federal ID: 20-2245175

<http://www.atmaus.org/ATMAUS/>

10395 Kingsbridge Rd, Ellicott City MD 21042

Telephone: (404) 583-7138, E-Mail: [atmaus@yahoo.com](mailto:atmaus@yahoo.com)

### **ATMA Volunteer Application**

#### ***1. Contact Information***

Name (First & Last):		DOB:		Gender:	
Street Address:		City:	State:		Zip:
Phone Home:	Cell:	Work:		Best Time to Call:	
E-Mail Address:					
Educational Qualification:					

#### ***2. Availability***

During which months are you available for volunteer assignments? (Tick all that apply)

January      \_\_\_ February      \_\_\_ March      \_\_\_ April  
\_\_\_ May      \_\_\_ June      \_\_\_ July      \_\_\_ August  
\_\_\_ September      \_\_\_ October      \_\_\_ November      \_\_\_ December

#### ***3. Interest***

Tell us in which areas you are interested in volunteering

My personal area of expertise \_\_\_\_\_

Administration

Events

Field work

Fundraising

Deliveries

Phone bank

Newsletter production

Web Page

Volunteer coordination

#### 4. *Special Skills or Qualifications*

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

#### 5. *Previous Volunteer Experience*

Summarize your previous volunteer experience.

6. *Do you have a preference in which country / state / city you want to volunteer?*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

7. *Volunteer in ATMA approved projects in (tick the ones that you are interested in)*

##### **A. India**

Gudalur- Sickle Cell Project  
YGR project  
AIDS children Project  
PCMC  
Baniyan Project  
Vavipalayan Village Hospital  
Annai Ashram  
EKAM Project  
Nutrition Promotion Activities  
Anandha Illam

##### **B. USA**

Chapter health fair  
Health care for homeless in Baltimore  
Emergency situations like Hurricane relief  
Train The Trainers

*(The above mentioned projects are subject to change. Please check the website before sending the application)*

8. *How did you hear about our volunteering program?*

**9. References: - Please list name, address and phone number of three references above the age of 21 and not a family member.**

Name in Full	Address	Phone number

**10. Person to Notify in Case of Emergency**

Name (First & Last):		Relationship:	
Street Address:		City:	State: Zip:
Home or Cell Phone:	Work Phone:	Best time to call:	
E-Mail Address:			

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from ATMA. I am willing to undergo a background check. I must complete a training period before working with children. I agree to refer any inquiries regarding ATMA to the staff of ATMA. I understand that any medical information provided is to ensure that the applicant is healthy enough to volunteer safely and does not pose a health risk to the patients. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name in Full (printed):	
Signature:	
Date:	

**ATMA Policy**

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

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

