



## ASHA-RAY OF HOPE VOLUNTEER REGISTRATION FORM

If you are interested in donating few hours of your time as a volunteer for a worthy cause, why not do it for Domestic Violence cause. Please check the following areas of interest and return completed form to: **ASHA-Ray of Hope, 4900 Reed Road, Suite 300, Columbus, OH 43220** or simply complete the form below and email it to [www.asharayofhope@sbcglobal.net](mailto:www.asharayofhope@sbcglobal.net) .

**First Name:** \_\_\_\_\_ ; **Last Name:** \_\_\_\_\_

Tel. No: ( ) \_\_\_\_\_, Cell No: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Street Address & Zip Code:** \_\_\_\_\_

### Days Available to volunteer:

\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday \_\_\_Saturday \_\_\_Sunday

**You're available time to volunteer:** \_\_\_Morning \_\_\_Afternoon \_\_\_Evening

Number of hours/per week you are available: \_\_\_\_\_ Hours/per week

### Areas of Interest to volunteer (check all that apply):

- Can be an Interpreter for individuals from:
  - \_\_\_Nepal    \_\_\_Bangladesh    \_\_\_Gujarat    \_\_\_Punjab    \_\_\_Andhra Pradesh
- Client Advocate (Requires 45 hours of training) \_\_\_\_\_
- Outreach and Fund Raising Events \_\_\_\_\_
- Client Transportation \_\_\_\_\_
- Client Resources \_\_\_\_\_
- Office Administration \_\_\_\_\_

**Other:** \_\_\_\_\_

If you are unsure of making a commitment at this time to volunteer, we hope you will become a member of our organization to support ASHA's work in the community. To know more about ASHA and become a member call our office at **614-326-2121** or log on to our website [www.asharayofhope.org](http://www.asharayofhope.org). We look forward to your participation in this worthy cause.