



First name:

Paste/Insert your
photograph here

Gender

Male

Female

**Permanent
Address:**

**Correspondence
Address :**

Telephone:

Fax:

Email:

Date of Birth:



Choice of Placement:

- Head Office
- Field Offices (for more information please see in the website) www.hpvha.com

Choice of Theme:
(Please tick)

- Community Health
- HIV/AIDS
- Disability
- Tobacco Control
- Research & Development
- Child Rights
- Education
- Environment
- Capacity Building
- Management and Policy formulation
- Fund Raising
- Monitoring and Evaluation (MIS)
- Advocacy and Networking
- Finance Management
- Human Resource Management

Ideal start date:

Ideal closing date:

Please give a brief summary of your previous work experience and attach your CV.



References (Please prove the details of references)

Individuals/ Persons	
Institutions	

Your expectations form HPVHA

--

I confirm that the above is true to the best of my knowledge. I understand that I will only be accepted as Volunteer subject to assessment of this application form and a satisfactory reference if required.

I have read and understood all information concerning my application, including Terms and Conditions, particularly with regard to the application procedure and risks and likely conditions at the placement.

Sign and date:

Send to:

Executive Director,
Himachal Pradesh Volunteer Health Association
B-37, Phase-1, Sec-2, New Shimla, Pin-171009
Office: 0177-2671151, 2670132, Fax: 0177-2670346
E-mail: hpvha3@gmail.com, ed.hpvha@gmail.com
Web: www.hpvha.org , www.hpvha.com , www.hpvha.in



Terms and Conditions of Entry

I hereby accepting the terms and conditions of entry/work in HPVHA by submitting a signed Application/TOR to be allowed as Interns/Volunteer in the organization:

- I acknowledge that the volunteer programme is supported and promoted by HPVHA which is a non-profit society and that the purpose of the volunteer programme is to participate and contribution in HPVHA's community development work.
- I agree that I undertake the volunteer programme entirely at my own risk and will not hold HPVHA responsible for any accident, injury, damage to or loss of personal property during the volunteer programme or in preparation for it.
- I understand that the volunteer programme involves living in a remote area and may involve walking/ running over rugged terrain. I am responsible for ensuring that I am medically fit to take part in the volunteer programme. If I have a medical condition likely to be affected by the above, I must consult a doctor about my participation. HPVHA do not take any responsibility for existing medical conditions that I may have and I will not request HPVHA for any compensation.
- I understand that some inherent risk exists because of the environment that HPVHA works in, which is remote and has only basic facilities such as one finds in a rural area of a developing country. Travel and medical insurance are essential and HPVHA takes no responsibility for this.
- I agree that the cost of my travelling, boarding and lodging shall be borne by me.
- I agree to abide by the honorarium and field travel cost etc. if HPVHA will pay to me for my work and performance as per the organizations norms and I will not demand for any compensation or reimbursement for it.
- I agree to abide by the request, instructions and directions of HPVHA Management and staff members while at HPVHA and also follow the rules/regulations of the organization as per organizations norms.
- I understand that I must organise my own clothing necessary for all activities and for all weather conditions relating to the time of year you are traveling.
- I agree to submit a project concept note, plan and full report at the end of my internship period in HPVHA.
- In case of any dispute I agree to settle down in any jurisdiction at courts in Shimla only.
- I agree that in the case of transfers of money, any fees relating to that transfer must be paid by me. In the case of a financial reimbursement, the amount paid to me will be the amount agreed on minus any cost of transferring that money.
- I agree that after the completion of programme,
- I will deposit Rs. 100 (One hundred rupees) at HPVHA accounts for my experience certificate issued by HPVHA, if asked.

Signature.....

Name:.....

Date:.....