



ROTARY VOLUNTEERS

INTERNATIONAL VOLUNTEER SITE REGISTRATION FORM

Use this form if your Rotary club or district is seeking volunteers from another country to serve at your project site. *Re-registration is necessary every two years in order for the project to maintain an active status.*

PROGRAM GUIDELINES

- This form can be used to register your project’s needs for volunteers from another country. Volunteers may be Rotarians, spouses accompanying Rotarians, Rotaractors, Rotary Foundation Alumni, and non-Rotarians. Before completing this form, contact your district Vocational Service chairperson or club Vocational Service chairperson to see if there is a local volunteer that might fill your project’s needs.
- The project needs, along with the project contact’s name and address, will be placed on a listing which will be distributed twice yearly to registered volunteers, district leaders, and other volunteer organizations. You may wish to use your club address or a post office box as the project contact’s address for publication.
- You will receive any information RI has available about volunteers offering the type of assistance your project requires. Prospective volunteers will receive information about your project. You and the prospective volunteer(s) will then make *direct* contact and arrangements. **RI does not make arrangements or guarantee that a volunteer will be found.**
- Volunteers and host project sites make their own funding arrangements. Often, volunteers will pay their own travel and personal expenses. The host volunteer site (your club or district) will often pay for local accommodations (or offer home hospitality) and for the volunteer’s working expenses.
- If you find a volunteer who is willing to serve for four to eight weeks, it may be possible for the volunteer to receive a grant to provide the lowest available airfare and up to US\$50 per diem. For complete information, including long-term volunteer grants contact the Grants for Rotary Volunteers Coordinator at The Rotary Foundation, One Rotary Center, 1560 Sherman Avenue, Evanston, IL 60201-3698, USA, or telephone: (+1 847) 866-3336.
- **The endorsement signature of the current district Vocational Service chairperson (or, if none, the district governor) is required for every project registration or re-registration.**

CLUB/CONTACT INFORMATION: Please Print

Rotary Club Name: <u>ROTARY CLUB OF LAHORE GARRISON</u>
District Number: <u>3270</u>

If site is to be registered as a Rotaract Club site, name of Rotaract Club: _____
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Rotarian Contact Person:		
<u>AHMED</u>	<u>SHEHZAD</u>	
Family Name(s)	First Name	Middle Name
Address for Mailing/Publication: <u>242-B SHALIMAR LN, CAVALRY GROUND</u>		
Street		
<u>LAHORE CANTT</u>	<u>PUNJAB</u>	
City	State	
<u>54810</u>	<u>PAKISTAN</u>	
Postal Code	Country	

Telephone — Residence: <u>(92 42) 6681251</u> <small>(+ country code city code) number</small>
Telephone — Business: <u>(92 42) 6667164</u> <small>(+ country code city code) number</small>
Fax: <u>(92 42) 6667031</u> <small>(+ country code city code) number</small>
E-mail Address: <u>rotary@promark.com.pk</u> <small>Please PRINT/TYPE EXACTLY using upper and lower cases as applicable.</small>

Contact’s preferred language(s): <u>ENGLISH</u>
Do you consent to having your contact information included on RI’s World Wide Web site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Rotary International®

PROJECT INFORMATION:

Name of Project:	RISING SUN INSTITUTE
Those Served:	MENTALLY CHALLENGED (SPECIAL) CHILDREN
Location:	LAHORE, PUNJAB, PAKISTAN <small>city/village, state/province, country</small>

Is the project registered on the World Community Service Projects Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Project number: W0_____	Other organizations/agencies, in addition to Rotary, supporting the project: _____ _____
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Project Description:

RISING SUN INSTITUTE WAS STARTED IN 1984 WITH TWO SPECIAL CHILDREN. TODAY IT HAS TWO CAMPUSES AND OVER 250 STUDENTS AND 50 TEACHERS. IT PROVIDES CLASSROOM LEARNING, VOCATIONAL TRAINING, PHYSIOTHERAPY AND SPEECH THERAPY TO ITS STUDENTS. THE CHILDREN ARE ALSO PROVIDED WITH BASIC MEDICALCARE AND RECREATIONAL FACILITIES.

VOLUNTEER NEEDS FOR THIS PROJECT:

Skill/Qualification SPEECH THERAPIST	Length of Service Term SIX MONTHS	Dates/or Time of Year BETWEEN OCT-JUN
How many volunteers with this skill will be needed at one time? ONE		
Volunteer(s) with this skill will be needed: Please check <input checked="" type="checkbox"/> <input type="checkbox"/> once <input checked="" type="checkbox"/> periodically <input type="checkbox"/> ongoing		
If the volunteer(s) will be expected to provide services other than those directly related to their profession, please describe:		

Skill/Qualification VOCATIONAL TRAINER	Length of Service Term 6-9 MONTHS	Dates/or Time of Year BETWEEN OCT-JUN
How many volunteers with this skill will be needed at one time? ONE		
Volunteer(s) with this skill will be needed: Please check <input checked="" type="checkbox"/> <input type="checkbox"/> once <input checked="" type="checkbox"/> periodically <input type="checkbox"/> ongoing		
If the volunteer(s) will be expected to provide services other than those directly related to their profession, please describe:		

Skill/Qualification PHYSIOTHERAPIST	Length of Service Term 6-9 MONTHS	Dates/or Time of Year BETWEEN OCT-JUN
How many volunteers with this skill will be needed at one time? ONE		
Volunteer(s) with this skill will be needed: Please check <input checked="" type="checkbox"/> <input type="checkbox"/> once <input checked="" type="checkbox"/> periodically <input type="checkbox"/> ongoing		
If the volunteer(s) will be expected to provide services other than those directly related to their profession, please describe:		

Skill/Qualification	Length of Service Term	Dates/or Time of Year
<p>How many volunteers with this skill will be needed at one time? _____</p> <p>Volunteer(s) with this skill will be needed: Please check <input checked="" type="checkbox"/> <input type="checkbox"/> once <input type="checkbox"/> periodically <input type="checkbox"/> ongoing</p> <p>If the volunteer(s) will be expected to provide services other than those directly related to their profession, please describe:</p>		

What language(s) should the volunteer(s) speak?

Please use the following codes for proficiency level:

- 1 = can understand and respond to questions about personal background, can ask directions
- 2 = can communicate ideas on non-technical subjects and understand 50% of what native speakers say
- 3 = can carry on a conversation on most subjects
- 4 = can speak and respond almost as well as in native language
- 5 = native language

4 English
 _____ Finnish
 _____ French
 _____ German
 _____ Italian
 _____ Japanese
 _____ Korean
 _____ Portuguese
 _____ Spanish
 _____ Swedish
 _____ Other: _____

VOLUNTEER ARRANGEMENTS:

As a host site club or district, what can you provide for the volunteer(s)? Explain/describe:

WILL PROVIDE ACCOMMODATION AND MEALS FOR THE VOLUNTEERS BY ARRANGING THEIR STAY WITH A LOCAL FAMILY. TRANSPORT FOR THE PROJECT AND WITHIN THE CITY WILL BE PROVIDED.

	Yes	No	Comments
Accommodations	YES		
Per diem/expenses			
Airfare			
Meals	YES		

COMMENTS AND ADDITIONAL INFORMATION:

Please add any additional comments that would describe the above requirements and arrangements (please use back of form if more space is needed):

DURATION OF STAY FOR ONE ACADEMIC SESSION (OCTOBER TO JUNE = NINE MONTHS) WILL BE HIGHLY APPRECIATED. HOWEVER, SHORTER DURATION WILL ALSO BE ACCEPTABLE. STAY OF VOLUNTEERS WILL BE ARRANGED WITH LOCAL FAMILIES.

Your registration will be entered in the Rotary Volunteers database of host project sites and volunteers. Rotary International will send you any applicable information about potential volunteers. The project contact's name, address, and a brief description of the project will be included in a listing published twice yearly and distributed to registered volunteers, district leaders, and other volunteer organizations.

Sign below and forward to your district Vocational Service chairperson or, if none, to the district governor for endorsement.

Note: If either of the following signatures is missing, the form will be returned to the project contact.

Signature of Rotarian Contact Person

RTN. SHEHZAD AHMED, MPH

JANUARY 31, 2005

Please print your name

Date

DISTRICT VOCATIONAL SERVICE CHAIRPERSON/DISTRICT GOVERNOR (required):

I have assessed the appropriateness of this project and hereby endorse the request for its inclusion in the Rotary Volunteers registry.

3270

District Vocational Service Chairperson or, if none, District Governor

RTN. ABDUL RAUF ROHAILA

District

FEBRUARY 4, 2005

Please print your name

Date

Please forward this endorsed registration form to:

**Rotary International Programs Department
International Support Section
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698, USA
Phone: (+1 847) 866-3361
Fax: (1+ 847) 866-6116**

