

STUDENTS' VOLUNTEERING PROGRAM @C.D.A COLLEGE

REGISTRATION FORM

Full Name:	
Reg. No.:	
Program of Studies:	
Semester/Year of study:	
Telephone Number:	
E-mail Address:	
 Road fundraisers/ Fund Offer of individual serv transport of medicines 	raising council e.g.
Date	Signature
• •	articipating in the volunteering program you will be given a cion, which will definitely enhance your CV! Student Welfare Center