Volunteer Agreement

Welcome to NYSASDRI/ Kalinga Eye Hospital and thank you for choosing to stay with us. To ensure a comfortable and enjoyable stay for you, we would like to come into agreement with you for the following terms and conditions:

- 1) Volunteers will be provided with a room that locks properly. If the door, the door knob or the lock is malfunctioning, please immediately request to change rooms. If this issue is left unattended, NYSASDRI/Kalinga Eye Hospital will not be responsible for any stolen or lost items in the room.
- 2) If volunteers are provided with a room that locks properly, in the case of volunteers not securely locking their doors, NYSADRI/ Kalinga Eye Hospital will not be responsible for any stolen or lost items in the room.
- 3) We do not advise volunteers to invite other volunteers, NYSASDRI/hospital staff members or volunteers' friends into their assigned rooms. If any items were stolen or lost after such incidents, NYSASDRI/ Kalinga Eye Hospital will not be held responsible.
- 4) If volunteers unfortunately lost their keys, a fee of 500 rupees would be charged for removing the door knob and replacing it with a new one.
- 5) Volunteers are free to visit other places after working hours, but they are required to return to NYSASDRI/Kalinga Eye Hospital before evening. positively.
- 6) Female volunteers should not travel alone outside the hospital premises, especially after dark.
- 7) Taking any kind of Alcohol / Cigarettes is not permissible inside the NYSASDRI/ hospital premises.
- 8) Help us in SAVING electricity by switching OFF the electrical products when they are not in use. If volunteers are interested to occupy A/c Rooms (Single occupancy \$6 & Double /Sharing occupancy \$3, per day extra, have to given by you and you can use A/c for 12 hours only in a day of if electricity voltage is available)
- 9) Volunteers will be allowed to use 15 minutes of free internet access each day.
- 10) Before leaving the NYSASDRI/hospital, after your volunteering period end, make sure to handover the room key, cell phone with SIM card& charger and any other materials of the hospital that were given to you during your stay.
- 11) Volunteers MUST have fun at NYSASDRI/ Kalinga Eye Hospital!

If you agree with the abo	ve terms and condition	i, please sign belo	ow and return a	copy to the Director
NYSASDRI/Hospital M	anager and keep a copy	to you.		

Volunteer's Full Name:	Director, NYSASDRI/Hospital Manager		
Date: / /	Date: / /		
(dd/mm/yyyy)	(dd/mm/yyyy)		