



EXPRESSION OF INTEREST
for
AFFILIATION OF VOLUNTEER ASSOCIATION
under
LA VAFARA MTÜ

GENERAL INSTRUCTIONS

1. A print-out of this application form along with hard copies of the relevant documents has to be sent to LA VAFARA MTÜ by the applicant.
2. Each and every page should be stamped and signed (Authorised Signature) by the applicant.
3. In addition to hardcopy, please submit the scan copy of the application form and the requisite supporting enclosures (please scan the application documents after stamping and signing) at info@lavafara.com / lavafaraa@gmail.com
4. The link to the application is available on www.lavafara.eu
5. A print-out of this application form along with hard copies of the relevant documents (duly signed & stamped) has to be sent to LA VAFARA MTÜ by the applicant at the below mentioned address-

LA VAFARA MTÜ

Pärnu maantee, 141-59 Tallinn, Harju Maakond, Delta Plaza, 11314, Estonia, Europe. Contact no: (Ph) +372 6841400 (Mob) +372 59005132

VOLUNTEER AFFILIATION FEE STRUCTURE		
FOR	AMOUNT in Euro	VALIDITY
Registration	Free	-
Online Certificate	5	One Time
Physical Certificate	10	One Time
Volunteer Affiliation for Organization	40	Annually
Volunteer Affiliation for Individual	10	3 years

Note:

- 1) All donation and fees are non-refundable and non-transferable
- 2) All fees are subject to change with prior notice of 30 days
- 3) For Indian Region all Donations and Affiliation Fees will be done to our Associate Partner LA VAFARA INDIA via NEFT / RTGS details as under and send confirmation mail of the payment to lavafaraa@gmail.com

Bank Name: IDBI Bank

Account number: 0192104000082192

Account name: OUR HELPINGHAND

IFSC Code: IBKL0000192

Note La Vafara MTU has made a special payment contract with Our Helpinghand NGO from India to receive payments for Asian region only.*

MANAGEMENT AND INSTITUTION PROFILE

Name of the Institution: _____

Name of the Trustee/ Director(s):

S No.	Names

Contact Details of the Institution:

Postal Address	
Phone Number with STD code	
Mobile No	
Email of Trsutee/Director(s)	
Website Address	

Year of Establishment: _____

Tan No.	
Pan No.	

Provide the availability of aspects related to the Infrastructure:

Aspect	Details	Remarks
Building Own/Rented/ OnLease		<i>Please attach rent / lease agreement / proof of ownership Please attach Electricity Bill</i>
Area of Institute Premises		
Size of classrooms Sq ft per class room	
Number of classrooms		
Safe drinking water (Yes/No)		
Power backup (Yes/No)		
Separate toilet for Boys & Girls (Yes/No)		

Is the Institute have any experience in project management ?

YES

NO

If yes, provide details:

a. Which project runned / managed: _____

List of Enclosures

List of Branches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PAN Card and IT Return of last 1 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Audited Balance Sheet of last 1 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration Certificate of Trust/ Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of Recognition Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of Affiliation Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Approval Document/ Lease Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff Particulars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training detail of Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drinking Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health and Sanitary Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cheque/DD	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby confirm that my organization, used in the execution under the above mentioned scheme meets the specifications for becoming an Voulenteer Association as per the standards defined by LA VAFARA MTÜ. I agree and understand that the LA VAFARA MTÜ has absolute and uncontrolled discretion to refuse or discontinue affiliation anytime without assigning any reason thereto. I also declare that the above mentioned information is true.

Organization Name

(Duly Stamped)

Signature _____

Name: _____

Designation: _____

Date: _____