



SHIELD

HUMAN RIGHTS ORGANISATION

Sustainable Human Rights Initiatives for
Empowerment, Leadership & Development

మానవ హక్కుల కోసం స్థిరమైన కార్యక్రమాలు,
స్వశక్తీకరణ, నాయకత్వం & అభివృద్ధి

REGISTERED UNDER THE ANDHRA PRADESH
SOCIETIES REGISTRATION ACT., 2001



Regd. No: 209 of 2026



Date: 08 Jun 2026



NGO DARPAN ID:
AP/2026/1151935



PAN: ACZAS1803M



FOUNDER

SRI KALYAMPUDI MURALI KRISHNA



PRESIDENT

SRI ATMAKURI KASI VISWANADHAM

MEMBERSHIP / VOLUNTEER APPLICATION FORM

For Governing Body Members • Members • Volunteers

Application No.			Date	/ / 20	
Category	☐ Governing Body ☐ Member ☐ Volunteer		Proposed Designation		
1. APPLICANT DETAILS					
Full Name (as per ID Proof)					
Father / Mother / Spouse Name					
Date of Birth	/ /				
Gender	☐ Male ☐ Female ☐ Transgender ☐ Prefer not to state				
Mobile Number					
Email ID					
Occupation / Profession					
2. ADDRESS & IDENTITY DETAILS					
Residential Address					
City / District / State / PIN					
Identity Proof Type	☐ PAN ☐ Voter ID ☐ Driving Licence ☐ Passport ☐ Other:				
ID Proof Number					
Emergency Contact	Name:		Mobile:		
3. ROLE / SERVICE INFORMATION					
Area of Interest / Service	☐ Human Rights ☐ Education ☐ Health ☐ Environment ☐ Legal Awareness ☐ Women & Child Welfare ☐ Senior Citizen Welfare ☐ Community Development ☐ Other:				
Preferred Working Area					
Relevant Qualification / Skills					
Previous Social-Service Experience					
How can you contribute to SHIELD?					
PASSPORT SIZE PHOTOGRAPH	Attach recent passport-size photograph here. Photo should be clear and suitable for official ID card.				



VOICE FOR RIGHTS, SHIELD FOR HUMANITY





SHIELD

HUMAN RIGHTS ORGANISATION

4. UNDERTAKING & DECLARATION BY THE APPLICANT

1. I declare that the information given in this application is true and correct to the best of my knowledge.
2. I agree to abide by the Memorandum / Bye-laws, policies, lawful resolutions and instructions of SHIELD HUMAN RIGHTS ORGANISATION.
3. I will not misuse the name, logo, identity card, letterhead, seal, designation or authority of SHIELD for any personal or unauthorised purpose.
4. I will not collect money, donations, documents or personal information on behalf of SHIELD without written / authorised permission.
5. I will not represent myself as an office bearer or authorised representative unless such designation or authority has been formally approved by the Organisation.
6. I will maintain dignity, non-discrimination, confidentiality and respect for the rights and safety of beneficiaries, volunteers and members.
7. I will not publish statements, notices or social-media content in the name of SHIELD without proper authorisation.
8. I will immediately report loss or misuse of the Organisation's identity card or documents and will return the ID card when my role ends or the card expires.
9. I understand that appointment / membership / volunteering is subject to approval by the competent authority of SHIELD and may be withdrawn for violation of rules.
10. I understand that the Organisation may maintain my application and role-related records for legitimate administrative, statutory and programme purposes.

5. DUTIES & RESPONSIBILITIES

1. Participate responsibly in SHIELD programmes, awareness campaigns, community-service activities and approved field work.
2. Follow instructions of the authorised office bearers and work respectfully with other members and volunteers.
3. Submit programme / field reports whenever required by the Organisation.
4. Protect the privacy and dignity of beneficiaries and avoid discrimination, harassment or abusive conduct.
5. Use the Organisation's name and resources only for approved activities and maintain proper records of any authorised materials.
6. Promptly inform the office about any serious incident, complaint, conflict of interest or misuse of the Organisation's identity.

6. APPLICANT CONFIRMATION

Applicant's Name	_____
Applicant's Signature	_____
Place & Date	_____
Contact in case of emergency	Name: _____ Mobile: _____

7. FOR OFFICE USE ONLY

Application Received On	____/____/____
Documents Verified	☐ Yes ☐ No
Approved Category / Designation	_____
Membership / ID Card No.	_____
Approval / Appointment Date	____/____/____
Approved By	Name: _____ Designation: _____
Remarks	_____

8. AUTHORISED SIGNATURE & ORGANISATION SEAL

Prepared / Recommended By	Approved By	Organisation Seal
Name & Signature: _____	Name & Signature: _____	_____
Date: _____	Date: _____	Date: _____

