To	
The Head/Manager/Proprietor	
	Date:
Sub: Request	t for the Volunteer/ Job
Sir/Mam,	
	by Children's Liberty E.B.School for the students who have request to provide me an opportunity to work in your to 30 days as stated below.
School offers you a CERTIFICATE OF THANKS in a fit to your encouragement to the school's programm	rame to your office/organisation as a token of love in return e.
No doubt that I will work honestly and in responsi	ble way.
Please call Mr. Dn. Shiwakoti-4917147, the Princip Statement of the request:	Applicant
Type of service:	Period of Service: 2 weeks 4 weeks
Service hours: Per day- minimum 4 hours and max	imum 6 hours
Or total hours: minimum- 48 hours, Maximum- 72	2 hours.
Starting Date:	
Name of the Office/ Organisation:	
Address:	Phone:
Name and sign of the office/organisation authority	y (if the request is accepted)
Name:	Sign:
Name and sign of the applicant:	
Name:	Sign:
Name and sign of the school authority	
Name:	Sign:

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