



VOLUNTEER REGISTRATION FORM

Thanks for your voluntary spirit and commitment.

Personal Information

Name: Male Female

Address:.....
.....

Tel:..... Fax:..... Email:.....

Identity Card No: Date of Birth:

Occupation:.....

Own Transport: Yes/ No Motorcycle Car

Driving License: Yes/ No Motorcycle Car

Willing to travel: Yes/ No

Which area/s of our work are you interested in helping ?

- Talks, workshops or parents support groups
- Play group for children with special needs
- Family Support Program
- Focus on Literacy (reading program for children with learning difficulties)
 - Preferred Subjects:
 - Malay
 - Chinese

When are you available?

	Days	Am	Pm
<input type="checkbox"/>	Monday	.....	.....
<input type="checkbox"/>	Tuesday	.....	.....
<input type="checkbox"/>	Wednesday	.....	.....
<input type="checkbox"/>	Thursday	.....	.....
<input type="checkbox"/>	Friday	.....	.....
<input type="checkbox"/>	Saturday	.....	.....
<input type="checkbox"/>	Sunday	.....	.....

Which language/s are you most comfortable with?

Language/s	Spoken	Written
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Tell us more about yourself

1. Education Background

Highest Level of Education:

School/College/University:

Other Training:

Special Interests/Abilities:

2. Working Experience

Organization	Position	Year/s
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3. Do you have any experience with children with learning difficulties? If yes, please elaborate, e.g. parent/relative of child with learning difficulties.

4. Other voluntary experience

Organization	Type of Voluntary Work	Year/s
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Any other information you would like to add.