



Please attach photo here

## Registration Form For Volunteers

Date: \_\_\_\_\_

Name: (Dr/Mr/Mrs/Ms/Mdm): \_\_\_\_\_

NRIC No: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (O): \_\_\_\_\_

Tel (HP): \_\_\_\_\_ Email Address: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_

Name of Company/Org/Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Mode of Transport: \_\_\_\_\_

### I want to help our children (Please tick/specify\*)

To help teach:	To provide service:	To help organize:
Tuition <input type="checkbox"/>	Medical <input type="checkbox"/>	Fundraising Efforts <input type="checkbox"/>
- Subject/Level <input type="text"/>	Dental <input type="checkbox"/>	PR Events <input type="checkbox"/>
- Subject/Level <input type="text"/>	Optical <input type="checkbox"/>	Advertising Campaign <input type="checkbox"/>
- Subject/Level <input type="text"/>	Spring Cleaning <input type="checkbox"/>	Outings/Recreation <input type="checkbox"/>
Living Skills <input type="checkbox"/>	Gardening <input type="checkbox"/>	Camps <input type="checkbox"/>
- Type <input type="text"/>	Repairs/Maintenance <input type="checkbox"/>	
- Type <input type="text"/>	- Electrical Products <input type="checkbox"/>	<b>To help in other ways:</b>
Computer Lessons <input type="checkbox"/>	- Air conditioner <input type="checkbox"/>	Please specify –
- Hardware <input type="text"/>	- House Wiring <input type="checkbox"/>	1. <input type="text"/>
- Software <input type="text"/>	- Plumbing <input type="checkbox"/>	<input type="text"/>
Sports/Games <input type="checkbox"/>	- Woodwork <input type="checkbox"/>	2. <input type="text"/>
- Sport 1 <input type="text"/>	- Mechanical <input type="checkbox"/>	<input type="text"/>
- Sport 2 <input type="text"/>	- Vehicle repairs <input type="checkbox"/>	3. <input type="text"/>
Art and Craft <input type="checkbox"/>	Transportation <input type="checkbox"/>	<input type="text"/>
Music and Dance <input type="checkbox"/>	- Non Emergencies <input type="checkbox"/>	
Floral Arrangement <input type="checkbox"/>	- Emergencies <input type="checkbox"/>	
Tailoring <input type="checkbox"/>	Hair Dressing <input type="checkbox"/>	
Cooking/Baking <input type="checkbox"/>	Groceries <input type="checkbox"/>	
Hair Dressing <input type="checkbox"/>	Laundry <input type="checkbox"/>	

**Shelter Home for Children**  
P. O. Box 23 Jalan Sultan  
46700 Petaling Jaya  
Tel: 79550663 Fax: 79562384

When to start? \_\_\_\_\_ Days available: \_\_\_\_\_

Preferred time:  Morning  Afternoon  Night

Frequency:  a day  a week  a month

Commitment:  6 months  12 months  Others

How did you come to know about Shelter?

Shelter Newsletter  Shelter's Calendar  Friends/Family

Website (Please specify): \_\_\_\_\_

Organized Events: \_\_\_\_\_

Magazine/brochure: \_\_\_\_\_

Newspaper/TV/radio: \_\_\_\_\_

Others: \_\_\_\_\_

What do you hope to achieve during your service in Shelter?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you suffering from any medical condition?  Yes  No

If so, are you taking medication?  Yes  No

What kind of medication? \_\_\_\_\_

I declare that I have not been investigated by the police for any breach of the law (especially child abuse – sexual, physical or emotional abuse).

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

For Office Use -

RFV/and.doc

Name of Staff:

Home/HQ:

Date: