



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/Organization/Institution/College/University: _____

Address: _____

Tel No: _____ Occupation: _____ Mode of Transport: _____

Immediate Superior/Lecturers name: _____ Tel/HP No: _____

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

To help teach:

- Tuition
- Subject/Level
- Subject/Level
- Subject/Level
- Living Skills
- Computer Lessons
- Multimedia/Graphic Design
- Manicure/Pedicure
- Floral Arrangement
- Sewing/Knitting
- Hairstyling/Barbering
- Drama
- Storytelling
- Photography

To help teach:

- Sports/Games
- _____
- Art and Craft
- _____
- Music
- _____
- Dance
- _____
- Cooking
- _____
- Baking
- Vocals
- Beading/Accessories making

To help organize:

- Fundraising Efforts
- PR Events
- Advertising Campaign
- Outings/Recreation
- Team Building

To provide service/items:

- Repairs/Maintenance
- Electrical Products
- Air conditioning
- House Wiring
- Plumbing
- Woodwork
- Mechanical
- Vehicle repairs

To provide service/items:

To provide service/items:

To help in other ways:

- Medical
- Dental
- Optical
- Spring Cleaning
- Gardening
- Hair Cuts
- Groceries
- Laundry

- Vitamins/Supplements
- Uniforms
- To help as:**
- Volunteer Driver
- Volunteer to work at Events/Roadshows
- General Volunteer
- Volunteer to cook/donate meals

Please specify –

1.
2.
3.

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

When would you like to start? _____ Days available: _____

- Preferred time: Morning Afternoon Night
- Frequency: Once a week Twice a week 3 times a week
- Commitment: 6 months 8 months 12 months

How did you come to know about Shelter?

- Shelter Newsletter
 - Website (Please specify):
 - Facebook
 - Instagram
 - Organized Events:
 - Magazine/Brochure:
 - Newspaper/TV/Radio:
 - Others:
- Shelter's Calendar Friends/Family

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? _____

Please provide 2 references who are not related to you. 1) Name: _____ H/P no: _____

2) Name: _____ H/P no: _____

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) and will uphold the universal rights of children.

Signature of Volunteer

Date