We Care

MENTAL HEALTH ASSOCIATION OF SARAWAK

(PERSATUAN KESIHATAN MENTAL SARAWAK)

Registered Society Number 22/69 (Sarawak)

VOLUNTEER APPLICATION FORM

FULL NAME (Block Letters): _____

I.C. NO: _____

DATE AND PLACE OF BIRTH: _____

OCCUPATION: _____

ADDRESS:

_____

_____

PHONE NO: (1) _____ (2)_____

E-MAIL: _____

Please tick the appropriate box. You may tick more than one.

Volunteer interests:

- ☐ Fundraising
- ☐ Helping at events
- ☐ Campaigning
- ☐ Home visiting
- ☐ Counselling
- ☐ Helping group home residents
- ☐ Designing flyers/brochures/posters
- ☐ IT support
- ☐ Other (please specify: _____)

Availability:

- ☐ Flexible
- ☐ Daytime
- ☐ Evenings
- ☐ Weekdays
- ☐ Weekends
- ☐ School holidays
- ☐ Public holidays
- ☐ Other specific time

SIGNATURE OF APPLICANT: _____ DATE: _____