



PERSATUAN BAGI ORANG-ORANG PEKAK, SABAH

SABAH SOCIETY FOR THE DEAF

Jalan UKM Lama, Bukit Padang, P.O.Box 13971, 88846 Kota Kinabalu, Sabah, Malaysia.

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VOLUNTEER FORM

NAME OF VOLUNTEER :		(Male/Female)
IC NO.:	RACE:	
NATIONALITY:	MOBILE :	
TELEPHONE NO: (O)	(H)	
E-MAIL :		
ADDRESS :		
EXPERIENCES IN VOLUNTEERING <i>(if any)</i>		
TELL US IN A FEW WORDS WHY DO YOU WISH TO VOLUNTEER AT SSD?		
I AM INTERESTED TO VOLUNTEER IN :		
<input type="checkbox"/> PROJECTS / EVENTS	<input type="checkbox"/> FOOD & BEVERAGE	<input type="checkbox"/> FIELD WORK
<input type="checkbox"/> EDUCATION CENTRE	<input type="checkbox"/> IT UNIT	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> RESOURCE CENTRE	<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> Newsletter Production
VOLUNTEERING HOURS / DAYS : <i>(during which hours are you available for volunteer assignments?)</i>		
<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		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	
	<input type="checkbox"/> Specify time: _____	
SIGNATURE	DATE:	

Thank you for completing this application form and for your interest in volunteering with us.

