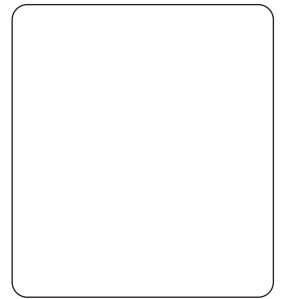




**SEKRETARIAT
MALAYSIA
PRIHATIN**



NAME

IC NUMBER

ADDRESS

POSTCODE

TOWN/CITY

STATE

DATE OF BIRTH

NATIONALITY

OCCUPATION

COMPANY

TEL (OFFICE)

TEL (MOBILE)

EMAIL ADDRESS 1

EMAIL ADDRESS 2

STATUS SINGLE MARRIED WIDOWED/DIVORCED/SEPARATED

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE?

YES

NO

(IF YES, PLEASE DESCRIBE)

ARE YOU WILLING TO PERFORM VOLUNTEERED WORK OUTSIDE YOUR STATE OF RESIDENT?

YES

NO

WHAT IS YOUR AREA OF INTEREST? YOU CAN TICK MORE THAN ONE.

ENVIRONMENTAL

WELFARE

ECONOMIC

HEALTH

EDUCATION

SENIOR CITIZEN PROGRAMS

OTHERS

*** Please submit your CV for further use. (if any)

Terms and Conditions

1. Volunteer must be 18 years old to participate.
2. Travel insurance and medical coverage is not included in the program cost. These are the responsibility of the volunteer.
3. SMP is not responsible for loss of property, personal injury, illness, accident, delay or expense sustained by the volunteer while participating in our program.
4. SMP is not responsible for the cost of extra activities incurred during the course of your program.
5. Volunteer must follow the rules, advise and policies set by SMP.
6. Travel with an open mind, be respectful to the culture and customs of the state. This means practicing patience and understanding.
7. Treat all people with respect and dignity, especially the elders of the community.
8. Avoid all political demonstrations and activities.
9. Maintain appropriate attire and well-groomed appearance while volunteering.

***Volunteers who do not follow and abide by the Terms and Conditions of Volunteer Service are subject to immediate dismissal.

Declaration

- I fully understand and agree that I am providing service to the SMP strictly as a volunteer.
- I agree that SMP may hold and use personal information about me for volunteering reasons and to keep in touch with me.
- I agree that all the information, including that contained in this form can be stored on either manual or computer files. It will be held securely and only accessed by authorized personnel.
- I fully understand and agree to provide my services to the SMP as a volunteer in a volunteer capacity without any express or implied promise of salary, compensation, payment, employment-type benefit, including but not limited to, employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.
- I fully understand and agree that either for failure to comply with any and all of the obligations outlined in this volunteer agreement or any reason whatsoever, while performing my volunteer services to the SMP in a voluntary capacity, the SMP, at its sole discretion, may immediately terminated my services.

Applicant's Signature

(_____)

Date: