



YAYASAN KEMANUSIAAN DA SHENG

VOLUNTEER APPLICATION FORM

Volunteer opportunities range from spending a few hours each week at one of our projects to long term commitments of up to a year or even more. By filling out this application you are expressing your desire to assist in our efforts and understand all positions are on a volunteer basis with no funding for compensation or benefits.

All information submitted through this application process will be kept confidential. Please provide a recent photo with your application submission.

Photo

Name: _____

Address: _____

Contact No _____ Email: _____

In case of an Emergency, Contact:

Name: _____ Relationship: _____

Phone: _____

Position Applying For: (Check the applicable circle)

☐ One time volunteer (Less than 12 hours)

☐ Full-time volunteer. Duration:

☐ Part-time volunteer.

Time Available: (Tick where appropriate)

Weekdays: ☐ Morning

☐ Afternoon

☐ Night

Weekends: ☐ Morning

☐ Afternoon

☐ Night

Other Specific Time:

Location. I would like to assist in

- | | |
|--------------------------|---|
| <input type="checkbox"/> | YKDS Office |
| <input type="checkbox"/> | YKDS Preschool |
| <input type="checkbox"/> | YKDS Welfare & CSR |
| <input type="checkbox"/> | Coach |
| <input type="checkbox"/> | Trainer |
| <input type="checkbox"/> | Others (Administration / Training / Fund Raising etc..) |
| <input type="checkbox"/> | No preference; where needed |

Area of Interest: (Tick where appropriate)

<input type="checkbox"/>	Teaching / Caring with Children
<input type="checkbox"/>	Training of Parents & Staff. Topics
<input type="checkbox"/>	Working / Interacting with Youths
<input type="checkbox"/>	Visual Arts / Craft / Designing / Pottery
<input type="checkbox"/>	Sewing / Product Making
<input type="checkbox"/>	Cooking / Baking
<input type="checkbox"/>	Music / Dance
<input type="checkbox"/>	Sports / Outdoor Activities
<input type="checkbox"/>	IT Support / Website
<input type="checkbox"/>	Repairing Toys / Making Teaching Aids
<input type="checkbox"/>	Gardening / Horticulture
<input type="checkbox"/>	Cleaning / Housekeeping
<input type="checkbox"/>	Photography / Videography
<input type="checkbox"/>	Sales and Marketing / Promotion / Manning sales booth
<input type="checkbox"/>	Writing / Documentation
<input type="checkbox"/>	Any other assistance not listed here

Occupation / Field of Expertise: _____

Other Comments: _____

Background Information

Do you have any experience with people with special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you free of Criminal Record (other than a traffic violation)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain		
Are you medically fit?	<input type="checkbox"/> Yes	
If No, please describe		

Please list two (2) reference

Name: _____	Relationship: _____
Phone: _____	Email: _____

Name: _____	Relationship: _____
Phone: _____	Email: _____

Signature: _____	Date: _____
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YKDS would like to thank you for your expressed interest in volunteering.
While we take note of your preferences, we may not guarantee the choices (job / location).
We look forward to working with you and hope this will be a great experience.

Pleased return form to john@ykds.org.my