



WOMEN'S AID ORGANISATION
PERTUBUHAN PERTOLONGAN WANITA

P.O. Box 493, Jalan Sultan, 46760 Petaling Jaya
Tel : 03-79575636 / 7957063, Fax: 03-79563237, E-mail: womensaidorg@gmail.com; www.wao.org.my

Volunteer Application Form

I wish to volunteer at Women's Aid Organisation (WAO) and contribute/support WAO's programmes and work. As a volunteer, I agree to adhere to the mission and rules of WAO in a feminist spirit. I understand that it is important to maintain the confidentiality, physical and emotional safety of the women and children that WAO works with.

Date: _____ / _____ / _____

Name: _____

Address: _____

I.C. Number: _____

Date of Birth: _____ / _____ / _____

Mobile Phone: _____

Office Phone: _____

Home Phone: _____

Email: _____

Occupation: _____

Company/Institution: _____

Skills: _____

Nationality: _____

Languages:

Spoken: _____

Written: _____

How did you come to know about us?

Why do you want to be a volunteer with WAO?

I agree to receive information about WAO's future events and newsletters via email/mail.

The personal information that you provide to Women's Aid Organisation ("WAO"), whether now or in the future, may be used, recorded, stored, disclosed or otherwise processed by or on behalf of WAO for the purposes of facilitation and organisation of your involvement with WAO; events; research and audit and maintenance of a volunteer database, and such ancillary services as may be relevant.

Your Area of Interest / Contribution to WAO

1. Advocacy & Public Education

1.1 Writing:

Newsletter Editing

1.4 Research/Data Compilation (state in which area):

1.2 Graphics:

Comics Banners & Posters
 Others (Please indicate) _____

1.5 Public Education/Fundraising

Giving talks Public education booths
 Co-organizing talks, events and others

1.3 Resources: <input type="checkbox"/> Media Monitoring <input type="checkbox"/> Library	1.6 Helping out in the WAO Office: <input type="checkbox"/> Filing <input type="checkbox"/> Handling phone calls <input type="checkbox"/> Admin work <input type="checkbox"/> Others
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2. Support Services for Women

2.1 Conducting programmes at Refuge:

<input type="checkbox"/> Health activities/talks (aerobics, yoga, dance, etc.)	<input type="checkbox"/> Soft skills (cooking, sewing, financial planning, etc.)	<input type="checkbox"/> Gardening <input type="checkbox"/> Arts and Crafts
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2.2 Providing transport for social worker and client

Visits to lawyer Hospital visits Police station Court visits Others as needed

2.3 Legal

Representing the women Watching brief Monitor the cases

3. Support Services for Children

3.1 Conducting children's programmes at the Refuge and Child Care

<input type="checkbox"/> Fun & Games	<input type="checkbox"/> Music	<input type="checkbox"/> Tuition	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Sex Education	<input type="checkbox"/> Excursions	<input type="checkbox"/> Story-telling, drama workshops, puppet shows	<input type="checkbox"/> Others (please state) _____

4. Any Other Interests/Skills

How Often Can You Help?

Frequency:

Once a week Several times a week Other _____

Weekdays/Weekends:

<input type="checkbox"/> Weekdays (am) Day & Time: _____	<input type="checkbox"/> Weekdays (pm) Day & Time: _____	<input type="checkbox"/> Weekends only: Day & Time: _____
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Time Period:

<input type="checkbox"/> Short-term (few weeks) State period: _____	<input type="checkbox"/> Mid-term (few months) State period: _____	<input type="checkbox"/> Long-term
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Do you:

Drive but no access to a car Drive with access to a car Use public transport

Any additional comments:

Confidentiality and Non-Disclosure Agreement for WAO Members & Volunteers

Any information that you learn about, or have access to regarding, Women’s Aid Organisation, including its clients,¹ employees, members, volunteers, donors and any affiliated parties, that is not publicly available, constitutes “Confidential Information”.

You are required to undertake and agree to keep any Confidential Information strictly private and confidential, and shall not directly or indirectly disclose, publish, transfer, disseminate, copy or permit to be disclosed, by any means, such Confidential Information to any unauthorised personnel or third parties. This provision shall extend even beyond your affiliation with Women’s Aid Organisation.

Women’s Aid Organisation reserves the right to take legal action in the case of any breach of this condition, even if you do not actually benefit from the disclosure of such Confidential Information.

ACKNOWLEDGMENT

I hereby acknowledge that I had read and understood, and I accept and agree to abide by the above condition of confidentiality and non-disclosure.

.....
(signed)

Name:

NRIC:

Dated:

¹ “Clients” refers to the women and children, including their family members, who seek WAO’s assistance.