

WOMEN'S AID ORGANISATION

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VOLUNTEER APPLICATION FORM

DATE

NAME _____

ADDRESS _____

I.C. NUMBER _____ Age : _____

TEL. NO. (HOME) _____ (OFFICE) _____

FAX. NO. (HOME) _____ (OFFICE) _____

E-MAIL (please write clearly) _____

OCCUPATION _____

COMPANY / INSTITUTION _____

NATIONALITY _____

LANGUAGES *SPOKEN* _____

WRITTEN _____

HOW DID YOU COME TO KNOW ABOUT US? _____

WHY DO YOU WANT TO BE A VOLUNTEER WITH WAO? _____

SKILLS/INTEREST (WHERE YOU WOULD LIKE TO CONTRIBUTE)

1 Conducting programmes at Refuge:

<input type="checkbox"/>	aerobics
<input type="checkbox"/>	cooking, sewing skills
<input type="checkbox"/>	gardening
<input type="checkbox"/>	arts & craft
<input type="checkbox"/>	health talks

3 Writing

<input type="checkbox"/>	Articles
<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Covering Events
<input type="checkbox"/>	Other Publications
<input type="checkbox"/>	Editing

2 Conducting children's programmes at the Refuge and Child Care Centre

<input type="checkbox"/>	fun & games
<input type="checkbox"/>	arts & craft
<input type="checkbox"/>	music
<input type="checkbox"/>	excursions
<input type="checkbox"/>	tuition
<input type="checkbox"/>	story telling, drama workshops, puppet shows
<input type="checkbox"/>	sex education
<input type="checkbox"/>	others

4 Graphics

<input type="checkbox"/>	Comics
<input type="checkbox"/>	Banners & Posters
<input type="checkbox"/>	ClipArt
<input type="checkbox"/>	Others

5 Resources

<input type="checkbox"/>	Updating WAO Database
<input type="checkbox"/>	Library
<input type="checkbox"/>	Newspaper cuttings

6 Providing transport and support and women

<input type="checkbox"/>	going to the lawyer
<input type="checkbox"/>	going to the hospital
<input type="checkbox"/>	going to the police station
<input type="checkbox"/>	going to the court
<input type="checkbox"/>	others

7 Public Education

<input type="checkbox"/>	giving talks
<input type="checkbox"/>	setting up exhibitions
<input type="checkbox"/>	organising talks, events

8 Research/Data Compilation

9 Helping out in the office

<input type="checkbox"/>	filing, etc.
<input type="checkbox"/>	handling phonecalls
<input type="checkbox"/>	typing
<input type="checkbox"/>	others _____

10 Legal

<input type="checkbox"/>	representing the women
<input type="checkbox"/>	watching brief
<input type="checkbox"/>	monitor the cases
<input type="checkbox"/>	giving telephone legal advice

11 Fundraising

<input type="checkbox"/>	Coordinating Jumble Sales
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12 Any other interest/skills

How often can you volunteer?

<input type="checkbox"/>	once a week
<input type="checkbox"/>	whenever needed
<input type="checkbox"/>	weekends only (state day & time)

<input type="checkbox"/>	morning weekdays
<input type="checkbox"/>	afternoon weekdays
<input type="checkbox"/>	night weekdays

Do you :

<input type="checkbox"/>	Drive but don't own a car
<input type="checkbox"/>	Drive and own a car
<input type="checkbox"/>	Use public transport

For Office Use Only

Orientation held on:

By:

Interested fields: 1.

2.

3.