



VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

| | | | |
|-----------------------------|--|------|-------|
| Full Name: | | | |
| Complete Address: | | | |
| Telephone No. | 1. (HP) 2. (021) | | |
| Best time to call: | | | |
| Gender: | M: () F: () | | |
| Age: | < 20: () 21-30: () 31- 50: () 51-60: () 61+ : () | | |
| E-mail ID: | | | |
| Languages: (PLEASE TICK) | | Read | Write |
| | Bahasa Indonesia | | |
| | English | | |
| | Others () | | |

VOLUNTARY SERVICE INFORMATION

1. Why do you want to volunteer at SLC?

2. What would you like to do as a volunteer at SLC?

3. What do you expect from SLC?

4. How long can you volunteer at SLC?

AGREEMENT AND SIGNATURE

Our Organization appreciates your interest in working with us, we are looking forward to your service for the betterment of our Community and its posterity.

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

NAME: _____

SIGNATURE: _____

DATE: _____

SLC Team + SLC's Volunteers = Will spread awareness regarding special needs children hence forming a future for an inclusive community.