

A non-profit organisation fighting unnecessary blindness and other eye diseases through early detection

PERSONAL DETAILS

Name Date

I.C. no -- Nationality

Tel no - Email

Occupation Gender

Address

Languages

Do you drive? Yes / No Do you have an automobile available to you? Yes / No

In times of emergency, please contact Relationship

Tel no -

Volunteer Commitment and Experience

Current community activities

Previous volunteer activities

Are you willing to commit to one year of volunteer services? Yes / No

Have you had any personal experience(s) involving: Children Senior Citizen Disability Fund-raising

Write a short summary about your interest in volunteering and how you hope to benefit from this volunteer experience.

*Please attach a current resume if you have one.