

**SAU SENG LUM (PUCHONG) DIALYSIS & STROKE
REHABILITATION CENTER**

LOT PT-39480, Jalan Industri PBP 3,
Taman Industri, Pusat Bandar Puchong,
47100 Puchong, Selangor, Malaysia.
Tel: 603- 5882 9181 Fax: 603- 5882 6255

Two photos

相片兩張

VOLUNTEER APPLICATION FORM
義工表格

Name (English): _____ (Chinese): _____
姓名(英) (中)

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: SINGLE/ MARRIED
出生日期 年齡 性別 婚姻狀況 未婚/ 已婚

Race: _____ Religion: _____ Nationality: _____
种族 信仰 國籍

I .C No.: _____ Occupation: _____
身份證 職業

Home Address: _____
地址

City: _____ State: _____ Postcode: _____
城市 州属 邮区

Phone: _____ (H/P) _____ (H) _____ (O)
電話 手提 家 公司

Email: _____ Fax: _____
電郵 傳真

Highest Education Achieved: _____
高等学历

Are you currently a member of SSL? YES/NO If yes, please state membership no.: _____
目前您是修成林的会员吗? 是/否 若是, 请写出会员编号

Do you have volunteer experience in charity organization? _____
If yes, please state in which area of work.
您曾在慈善机构里当过义工吗? 若有, 请写出服务的项目:

Reason for participating in volunteer work: _____
申请当义工的原因

Do you have any health problems? If yes, please state details _____
您有任何健康问题吗? 若有, 请详细写出

Language Proficiency:
精通語言

English 英語
Chinese 華語
B.Malaysia 國語

Written 寫
 Written 寫
 Written 寫

Spoken 說
 Spoken 說
 Spoken 說

What is your area of interest?
在以下的五項範圍內，您較興趣於哪方面？

<input type="checkbox"/>	Administrative support	行政
<input type="checkbox"/>	Senior Day Program	樂齡活動
<input type="checkbox"/>	Mobile Clinic	流動診所
<input type="checkbox"/>	Fundraising/ Special Events	籌款與特別活動
<input type="checkbox"/>	Share your professional skills	貢獻您的專業

Any skills or talents you can offer for volunteer opportunities? 作為一位義工，如何貢獻您的專長與技術？

Kindly fill in the application form and mail or fax it to us at the details above.

***THANK YOU FOR YOUR INTEREST IN SUPPORTING SAU SENG LUM (PUCHONG)
DIALYSIS AND STROKE REHABILITATION CENTER***

請填以上的表格然後寄回本林，謝謝您的支持！

<u>For Office Use</u>	
Uniform Size	<input type="text"/>
制服尺寸	<input type="text"/>