



Volunteer Registration Form

Please use block letters

Name: _____

NRIC: _____ Sex: Male / Female

Date of Birth: _____ Marital Status: M / S / D / W

Occupation: _____ No of Children: _____

Languages: _____

Transport: Yes / No Please circle one: Car / Motorcycle / Public Transportation / Etc

Mailing address: _____

Home No: _____ Postcode: _____

Office No: _____ Mobile No: _____

Email: _____ Fax No: _____

Volunteer Experience: Yes / No

Why have you chosen to volunteer at Hospis Malaysia? _____

Are your hours flexible? Yes / No

Please state your available hours:

Mon	_____	Fri	_____
Tues	_____	Sat	_____
Wed	_____	Sun	_____
Thurs	_____	Public Holidays	_____

How much notice do you require before volunteering for a particular task? _____

Your preference: (please circle any of the following) Patient Home Care / Day Care / PR / Administrative

Geographical locations you are willing to cover: _____

Skills you would like to share with us: _____

What are your interests? _____

What your likes / dislikes? _____

What kind of background do you come from? _____

Personal experience & attitude towards dying:

Have you experienced a death in the past year? Yes / No

State relationship to the deceased: _____

Are you currently suffering from or have been diagnosed with a serious illness e.g. cancer? Yes / No

If so, please give details: _____

Would there be any particular reason(s) to be uncomfortable working with certain patients?

If so, please state your reason(s): _____

Would you be willing to undergo training in palliative care? Yes / No

Applicant's Signature _____ Date _____

APPLICATION SUBJECT TO APPROVAL