## **BIODATA FORM FOR FACILITATORS / VOLUNTEERS** PHOTO PERSONAL PARTICULARS Name: (according to NRIC / Passport) NRIC No / Passport No: Nationality: (Non Malaysian please provide Passport No.) \_\_\_\_/ \_\_\_\_ Age: \_\_\_\_ Religion: \_ Birth Date: Male Female Marital Status: Married Single Gender: Please declare medical history (if any): \_\_\_\_\_ Correspondence Address: \_\_\_\_\_ \_\_\_\_\_City \_\_\_\_\_Post Code \_\_\_\_\_ Contacts: )\_\_\_\_\_(H) ( )\_\_\_\_(O) ( )\_\_\_\_(Fax) \_\_\_\_\_(Email address) \_\_(H/P) YMCA MEMBERSHIP No Yes YMCA Kuala Lumpur Membership No. \_\_\_\_\_ Membership No. \_\_\_\_\_ Other YMCA \_\_\_\_\_ ACADEMIC QUALIFICATION Master Phd\_\_ Degree Diploma High School Highest Qualification Attained: Qualification obtained from: \_\_\_\_\_\_ Country: \_\_\_\_\_ FACILITATING EXPERIENCE Activity / Subject Name of Institution Duration Taught (months / years) LANGUAGE PROFICIENCY Written Malay **English** Chinese Tamil Others:(a)\_\_\_ (b)\_\_ Excellent Good **Average** Spoken Malay **English** Chinese **Tamil** Others:(a)\_\_ (b)\_\_ **Excellent** Good Average

WORKING EXPERIEN								
Name of Company				Position			Service (months / years)	
(Current)								
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Please mark "X" in th	ne box(es) a	areas that yo	ou wish to v	olunteer:				
Sports & Fitness		Women		Hobbies Er	nrichment [			
Community Service Children				Others (kindly specify)				
Education Youth								
Christian Ministry		Training						
Please state previous	experience i	in your area(s	s) of interest	that you hav	ve just marl	ced:		
Position / Role / Task / Representation				<u>Duration (Months /Years)</u>				
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PREFERRED SCHED	——							
ew	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Morning								
Afternoon								
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Night								
*Please specify preferre	ed time of vo	<u> </u> our availabilit	<u> </u> v to facilitate	/ volunteer.		<u> </u>		
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EXPECTED HONORARIUM (RM)								
Per Hour Per		r Day	Per	Mth	Per Course		Others	
		(Write ti	he amount in t	the appropriat	e box)			
Signature:			Date:		_			
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Office Use								
Received by:		Remarks						
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