KAPS Volunteer Registration Form

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| --- | --- |
| Name |  |
| Alien Registration No.  |  |
| Contact | Mobile no: |
| Phone no: |
| Address | Postcode ( - ) |
| Explain briefly why you would like to volunteer with KAPS. |  |
| What are your preferred volunteer days?  | (Weekdays 5:30 - 7PM) Mon □ Wed □ Fri□ |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read KAPS’s Volunteer Policy and agree to the terms and conditions.

Name:

Date (YY/MM/DD): 20 / /