

STUDENT SUPPORT SERVICES

STUDENT VOLUNTEER FORM

Name : _____

Student No : _____ Date of Birth : _____

Email Address: _____

Contact : (Home) _____ (Office) _____ (Mobile) _____

Course : _____ Start Date : _____ Full-Time Part-Time

- Interested Activities :
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Captain's Ball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Table-tennis |
| <input type="checkbox"/> Netball | <input type="checkbox"/> Board games |

Other Activities: _____

About Myself : _____

(in 50 words) _____

Signature of Student : _____ Date : _____

For Official Use

Application approved : Yes / No Name of Staff : _____ Date : _____

Remarks : _____
