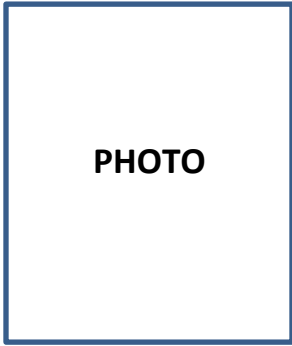




Connecting Lives, Sharing Cultures

AFS MALAYSIA VOLUNTEER EXCHANGE 2017 APPLICATION FORM



PERSONAL DETAILS

First Name	Middle Name	Last Name

Marital Status	Volunteer Position (e.g. Chapter President, Hostfamily, Liaison Person, etc.)

Date of Birth	Volunteering Since

Home Address

Phone Number	Email Address

Religion	Passport Number & Expiry Date

Dietary Restrictions (if any)

Medical Condition (if any)

Do you require any medication for it? If yes, please describe.

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Volunteer Experience		
Event	Role	Year

I'm interested to participate in: (please check the preferred box)

Program 1: 12 days from the 16th of November of 2017 till the 27th of November 2017

Program 2: 5 days from the 23rd of November of 2017 till the 27th of November 2017

Questions:

1. Will you require access to religious service? (Yes / No)
2. Can you live indoors with pets (e.g. cats, dogs) indoors? (Yes / No)
If no, please describe.
3. Do you smoke? (Yes / No)
If so, can you abstain? (Yes / No)
4. Would you object to a host family who smokes? (Yes / No)



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5. Why do you apply for the Volunteer Program?

6. What challenges do you anticipate when you participate in the Volunteer Program?

7. What do you hope to achieve from the Volunteer Program?

8. What would you like your host family to know about you?

Applicant's Signature:	
AFS Chapter / Home Country:	Date:

Note: This form will be shared with your Host Family and Host Chapter.