

**MALAYSIAN ASSOCIATION FOR THE BLIND
OUTREACH CARE VOLUNTEERS FORM**

Please supply the following details:

Name (in block letters):

Organisation or group you represent (if any):

Identity Card No. and Age:

House/office address:

Tel./ Fax/Hphone numbers:

Email address:

Present/last occupation/retired:

Can you spare one day or at least four hours to provide service:

.....

What is your field of expertise (if any):

Name one skill or hobby that you may be able to share with the blind:
.....

Tick ✓ 2 services that you would like to contribute (please see below):

- 1. Accompanying blind person to the doctor or visits to places
- 2. Home/hospital visits and counselling
- 3. Assisting in home chores, errands and reading
- 4. Assisting in banking and shopping
- 5. Providing transport to/from work at least once a week
- 6. Teaching a skill or hobby - swimming/walking/jogging/cooking
gardening/learning a musical instrument
- 8. Keying in reading materials with the computer/audio reading
- 9. Working with the deaf-blind group
- 10. Any other assistance not listed here

Please specify :

Signature: Date: