



PERSATUAN KEBANGSAAN AUTISME MALAYSIA

The National Autism Society Of Malaysia (NASOM)

No. Pendaftaran: PPM-001-14-03031987

VOLUNTEER REGISTRATION FORM

1. Name : _____
2. NRIC/Passport : _____
3. Sex : Male / Female Marital Status : _____
4. Race : _____
5. Date of Birth : _____
6. Home Address : _____

_____ Postcode : _____
7. Telephone : _____
8. E-mail : _____
9. Employment Status : _____
Position : _____
Employer : _____
11. Transport Available: Car : Van : Lorry : Motorbike :
12. Type of voluntary work preferred :
- | | | | | | | | |
|---------------|----------------------------|-----------------------------|----------------------------|------------------|----------------------------|-------------------|----------------------------|
| Therapy | : <input type="checkbox"/> | Counselling | : <input type="checkbox"/> | Music | : <input type="checkbox"/> | Ground activities | : <input type="checkbox"/> |
| Speech | : <input type="checkbox"/> | Administration | : <input type="checkbox"/> | Dancing | : <input type="checkbox"/> | Sports / Games | : <input type="checkbox"/> |
| Occupational | : <input type="checkbox"/> | Teacher Training | : <input type="checkbox"/> | Art & Craft | : <input type="checkbox"/> | Outings | : <input type="checkbox"/> |
| Cooking Class | : <input type="checkbox"/> | Classroom Teacher Assistant | : <input type="checkbox"/> | Computer Lessons | : <input type="checkbox"/> | | |
| Others (s) | : <input type="checkbox"/> | Please Specify: _____ | | | | | |

13. Availability : As needed :
Specify days : Days : Mon | Tue | Wed | Thu | Fri | Sat | Sun

SIGNATURE OF APPLICANT : _____

DATE OF APPLICATION : _____

For The National Autism Society of Malaysia (NASOM) Use Only

- 1) Approval Of Volunteer Application : Accept : Reject :
- 2) Person In Charge : _____ Signature : _____
- 3) Date Entered : _____ Volunteer No : _____

Secretariat

B-3-3, Pacific Place Commercial Centre, Jalan PJU 1A/4 Ara Damansara
47301, Petaling Jaya Selangor.

Tel: 603-7832 5928, 603-7832 1928 Email: info@nasom.org.my

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VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

In return for being allowed to participate in The National Autism Society of Malaysia (NASOM) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and hold harmless to NASOM or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

Volunteer understands that the scope of Volunteer's relationship with NASOM is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that NASOM will not provide any benefits traditionally associated with employment to Volunteer and execute this Volunteer Waiver under the following terms:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless NASOM and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to NASOM. I understand and acknowledge that this Release discharges NASOM from any liability or claim that I may have against NASOM with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to NASOM or occurring while I am providing volunteer services.

2. Insurance: Further I understand that NASOM does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of NASOM beyond what may be offered freely by NASOM in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge NASOM from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with NASOM.

4. Assumption of Risk: I understand that the services I provide to NASOM may include activities that may be hazardous to me including, but not limited to, serious injury and death, involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release NASOM from all liability.

5. Publicity Release: I hereby grants to NASOM and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorised Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, age, gender, race, voice, photograph and/or likeness, caricature, and other information related to the Volunteer (without limitation to research and statistic studies), in its current form or as retouched, digitised, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from NASOM activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicising products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

6. Other: As a volunteer, I expressly agree that this Release is a contract which grants certain rights to and eliminates the liability of the organisation.

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By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

(Signature of Volunteer)

NRIC

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

NRIC

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies

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