

For Office Use Only:		
Details	Remarks	Date
IV		
VOP		
NSL		
NR		
Date of Joined		
Account No		

Ref No:



LATEST COLOUR
PHOTO
COMPULSORY
(Passport size only)
Non Returnable

VOLUNTEER APPLICATION FORM

Name :			
Contact No. House:		Mobile:	
Office:			
Address :		Birth Date :	Gender :
I/C No :		Age :	Marital Status :
E-mail Address :		Nationality:	
Check in the boxes if you have any of the condition			
a) Heart Disease ()	b) Hypertension ()		
c) Asthma ()	d) Others, please specify :		
Contact Person (Emergency) :			Phone No :

Academic Background: (please also include current studies)

School/ College/ University	Qualification	Field of Study/Major	Year From - To	Grade/CGPA
i)				
ii)				
iii)				
iv)				

Semester break period:

Working Experience: (including current occupation)

Organisation/Company	Designation/Position	Period
i)		
ii)		
iii)		
iv)		

Current Status: (please tick)

Language Proficiency: (please tick)

Employed	Retiree	1. Bahasa Melayu	Others (please specify):
Unemployed	Housewife	2. English	5. Tamil
Fresh Graduate		3. Mandarin	6.
Student	PETRONAS Scholar	4. Arabic	7.

Petrosains Sdn Bhd
PETRONAS Twin Towers
Level 4, Suria KLCC
50088 Kuala Lumpur

Head, Volunteers Management Unit - Phone No: 03-23319570
Assistant, Volunteers Management Unit - Phone No: 03-23311349

Family Background:

Father's Name :	Occupation:
Mother's Name :	Occupation:
No. of Siblings :	
Spouse's Name :	Occupation:
No. of Children :	
PETRONAS' staff related to you:	Relationship:
Dept./Subsidiary:	Designation:

Availability: (Please tick)

a) Weekdays:	Monday ()	Tuesday ()	Wednesday ()	Thursday ()	Friday ()
b) Weekends:	Saturday ()	Sunday ()			

Extra Curricular Activities

Society/ Club	Position
i)	
ii)	
iii)	
iv)	
v)	

Area of Interest: (Please choose 3 only)

Science Communication	Visitor Study	Customer Service (Petrosains)	Finance
Science Education	Photography/ Videography	Marketing / Sales	Accounting
Exhibits Operator	Graphic Design	Public Relation	Membership
Customer Service (Skybridge Visit)	Administration	Human Resource	Others:

Have you visited Petrosains before? Yes () No ()
If yes when was the visit? 1. 2. 3.

Have you joined any of Petrosains' Programmes/Events: Yes () No ()
If yes please specify the programme/event:

Have you visited any other Science Centres before? Yes () No ()
If yes please specify the place: 1. 2.

I hereby declare that all the information given above is true to my knowledge. I never be convicted to any criminal offence of any nature whatsoever. I have never been directly or indirectly involved in of drugs in any form or in any whatsoever. The Company shall have the exclusive right to take the necessary action if the information is found otherwise. Please be informed that this application is only valid for **3 months** from the date of received.

Signature: _____

Date: _____