

Ref :



马来西亚华人公会志工资料  
Membership Application Form for  
CRISIS RELIEF SQUAD of MCA

驾驶执照型  
彩色近照  
driving licence  
size photo

注意: 请用黑笔以正楷填写, 并附上个人驾驶执照型彩色近照及身份证复印本(正背面)各一张。

Note: Please use black-ball pen and write in block letters. Submit one (1) copy of your driving licence sized photograph and one (1) photocopy of NRIC (both sides) \*请在适当的项目作(√) Please tick (√) where applicable.

本人欲申请为  马华志工

I wish to join as a  CRSM Member

中文姓名 Name in Chinese   
英文姓名 Name in English

新身份证号码 New Identity Card No.    
旧身份证号码 Old Identity Card No.

性别 Gender  男 Male   女 Female    
血型 Blood Group

是否对任何药物敏感:  没有 NO   有 YES: \_\_\_\_\_ (请注明)  
Allergic to any medicine:  NO  YES \_\_\_\_\_ (please specify)

永久地址 Permanent Address   
城市 Town   
州属 State  邮区 Postcode

通讯地址 Mailing Address   
城市 Town   
州属 State  邮区 Postcode

电邮 E-mail

电话号码 Telephone No:  住家(H)  手机(H/P)

办公室(O)  传真 (Fax)

通晓语言:  国语B. Malaysia  华语Mandarin  英语English  其他 Others: \_\_\_\_\_  
Language

教育程度:  小学 Primary  中学 Secondary  学院 College  大学 University  
Education Level

证书/文凭 Certificate/Diploma  学士 Degree  硕士/博士 Post-Graduate

专修科系Major in: \_\_\_\_\_ 大学/大专名称 Name of University : \_\_\_\_\_

职业 Occupation : \_\_\_\_\_ 职称 Designtion : \_\_\_\_\_

居住之选区名称:  国会  州会  
Name of Constituency Parliament \_\_\_\_\_ State \_\_\_\_\_

马华党员证号码: \_\_\_\_\_  
MCA Membership No.

非马华党员 Not MCA Member

马华 \_\_\_\_\_ 支会  
MCA \_\_\_\_\_ Branch

马华 \_\_\_\_\_ 区会  
MCA \_\_\_\_\_ Division

现任党职: (1) \_\_\_\_\_  
Current Positions  
in MCA (3) \_\_\_\_\_

(2) \_\_\_\_\_  
(4) \_\_\_\_\_

现任其他团体职位: (1) \_\_\_\_\_  
Current Positions in  
Other Organisations (3) \_\_\_\_\_

(2) \_\_\_\_\_  
(4) \_\_\_\_\_

个人专长 Personal Skills: \_\_\_\_\_

个人嗜好 Hobbies: \_\_\_\_\_

备注 Remarks: \_\_\_\_\_ (可服务时间 time available for dispatch)

紧急联络号码 Emergency Contact No: \_\_\_\_\_

直属关系 Next of Kin: \_\_\_\_\_

欲参加之志工团组别 Wish to join CRSM Unit:

培训组   
Training Unit

辅导组   
Counselling Unit

法律组   
Legal Support Unit

医疗组   
Medical Support Unit

机动组   
Action Relief Unit

**特注 Note: 表格名栏必须全部清楚填上 All particulars must be completed in full**

申请人签署  
Signature of Applicant: \_\_\_\_\_

日期  
Date: \_\_\_\_\_

推荐人  
Name of Proposer: \_\_\_\_\_

推荐人身份证号码  
NRIC of Proposer: \_\_\_\_\_

推荐人马华党员证号码  
MCA Membership No.  
of Proposer: \_\_\_\_\_

推荐人签署  
Signature of Proposer: \_\_\_\_\_

**只供办事处用 For Office Use Only**

志工证号码: \_\_\_\_\_

**收编组别 Allocation of unit**

机动组 Action Relief Unit: \_\_\_\_\_

辅导组 Counselling Unit: \_\_\_\_\_

医疗组 Medical Support Unit: \_\_\_\_\_

法律组 Legal Support Unit: \_\_\_\_\_

培训组 Training Unit: \_\_\_\_\_

州属 State: \_\_\_\_\_

区会 Branch: \_\_\_\_\_

(此栏留空, 组别编制由委员会按个人专业资格与条件编制  
The Committee will organise the candidates into  
relevant grouping based on their personal  
qualifications and abilities)