



# SME Relief Foundation

PHOTO ID

1. FIRST NAME: .....

2. LAST NAME: .....

3. GENDER:  Male  Female

4. DATE OF BIRTH: .....

5. NATIONALITY: .....

6. PROFESSION: .....

7. TYPE:  Part-Time  Full-Time

8. EDUCATIONAL LEVEL: .....

9. COLLEGE ATTENDED: .....

10. DATE OF ENROLMENT: .....

11. (EXPECTED) GRADUATION DATE: .....

12. PROFESSIONAL AFFILIATIONS: .....

13. AVAILABILITY:  Mondays  Tuesdays  Wednesdays  
 Thursdays  Fridays  Saturdays

14. VOLUNTEER HOURS PER WEEK: .....

15. AREAS OF INTEREST:  Event Planning  Community Outreach  
 Lectures  Advisory Services  
 Administration  Other: .....

16. CONTACT NUMBER: .....

17. FAX: .....

18. PHYSICAL ADDRESS: .....

19. POSTAL ADDRESS: .....

20. EMAIL ADDRESS: .....

21. LINKEDIN ADDRESS: .....

22. FACEBOOK ADDRESS: .....

23. SKYPE ADDRESS: .....

24. TWITTER ADDRESS: .....

25. Please attach a personal statement of not more than 1 page on how your activities at SME Relief can contribute towards the organization’s mission and vision.

**(Font Style: Times New Roman, Calibri or Verdana; Font Size: 12pt; Spacing: 1.5)**