



ARULMIGU RAJAMARIAMMAN DEVASTHANAM

JOHOR BAHRU

VOLUNTEER FORM

PERSONAL INFORMATION

NAME: _____

HOUSE ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____ IC NO: _____

TEL NUMBER: _____ HOUSE: _____ OFFICE: _____

OCCUPATION / SCHOOL: _____ / _____

EMAIL ADDRESS: _____

IF YOU ARE BELOW 18 YEARS, PLEASE FILL THIS COLUMN AND GET YOUR PARENTS APPROVAL

FATHER / MOTHER NAME: _____

FATHER / MOTHER NAME: _____

I AGREE TO ABIDE BY THE RULES@REGULATIONS OF ARMD

1. I AM WILLING TO SERVE THE TEMPLE.
2. I AM WILLING TO FOLLOW ALL THE RULES OF THE TEMPLE.
3. I AM WILLING TO-OPERATE AND WORK WITH OTHERS.

VOLUNTEER SIGNATURE

FATHER/MOTHER SIGNATURE

FOR FUTHER INFORMATION: VINOD: 016-7272239

PLEASE SUBMIT THIS FORM TO TEMPLE OFFICE