

# **REQUEST FOR JAPANESE VOLUNTEER**

## **1. GENERAL INFORMATION**

(1) Name, address and telephone number of the organization which requests the Volunteer:

(2) Function and major activities of the organization: (\* preferably with an organizational structure chart)  
(Compulsory to explain the above in full details and point form. Date of establishment)

(3) Annual budget of the organization:  
(Compulsory to indicate)

(4) Name of requesting ministry and department / division / unit to which the volunteer is attached:  
(If you are NGO, please specify the NGO name and to which ministry you are registered with)

(5) Number of volunteers required in this field:  
(One request form for one specific technical field)

## **2. JOB DESCRIPTION OF THE VOLUNTEER**

(1) Reasons for the request for the Volunteer:

*What? (What are the problems in the organization?)*

*How? (How to solve the problems)*

*Why? (The reason you need the JOCV/SV)*

(2) Post to be given to the Volunteer:

(3) Actual work to be requested to the Volunteer:

*(Detailed job description describing the task, objectives, information on program/project assisting by Volunteer and activities, including guidelines and SOP for activities during new normal conditions)*

*(Proposed Volunteer's Workplan)*

<i>Program/Project Objectives</i>	<i>Expected Output of Volunteer Assistance</i>	<i>New Normal Volunteer Activities (Including Guidelines &amp; SOP)</i>	<i>Implementation Period</i>	<i>Funding Allocation &amp; Source</i>

(4) Expected output of the assignment:

(5) Equipment available for the Volunteer that already exists (model, maker, etc.):

List of Equipment	Quantity	Model	Maker

### 3. OFFICERS OF THE REQUESTING ORGANIZATION

(1) Name and position of the supervisor whom the Volunteer can get access to:

<i>Name</i>	<i>Position &amp; Expertise</i>	<i>Dept or Unit</i>	<i>Age</i>	<i>Gender</i>	<i>Years of experience &amp; qualification</i>	<i>Telephone Fax Mobile Emails</i>

(2) Staffs / colleagues (e.g. age, number, educational background, technical experience, position):

<i>Name</i>	<i>Position &amp; Expertise</i>	<i>Dept or Unit</i>	<i>Age</i>	<i>Gender</i>	<i>Years of experience &amp; qualification</i>	<i>Telephone Fax Mobile Emails</i>

(3) Technical level of the people whom the Volunteer works with (e.g. students, trainees, farmers):

Example

<i>Co-Worker</i>	<i>Division, Department Unit, Center or institute</i>	<i>Total</i>	<i>Technica/Educationl Level</i>	<i>Average age</i>	<i>Gender</i>

#### 4. REQUIREMENT FOR THE VOLUNTEER

(1) Technical field:

(2) Sex (specify if either sex should be excluded):

(3) Type of assignment (New / Extension / Successor):

(\* If the type is "Extension" or "Successor", please indicate whose extension or successor and the current status or achievement on program/project/activities.)

<i>Project Assisted</i>	<i>Name(s) of Volunteer/ Period of Volunteers Assignment</i>	<i>Activities and Outputs of Volunteers</i>	<i>Status of Project</i>

(4) Expected date and period of assignment:

(5) Required minimum educational background:

(6) Required minimum technical experience (year):

(7) Other qualification and experience (if any):

(8) Language (name, level):

#### 5. FACILITIES TO BE PROVIDED TO THE VOLUNTEER

(1) Accommodation (Staff Quarter):

☐ will be provided free

Full furnished / Semi-furnished / Not furnished  
Electricity available / Not available

(2) Accommodation (Staff Quarter):

☐ will be on rental basis

Full furnished / Semi-furnished / Not furnished

Electricity available / Not available

Rental fees: RM

(3) Accommodation (Renting outside)

☐ will be subsidized

Full furnished / Semi-furnished / Not furnished

Electricity available / Not available

Subsidized amount: RM

(4) Geography:

From the city of (name) \_\_\_\_\_, \_\_\_\_\_ km

By the means of \_\_\_\_\_, \_\_\_\_\_ hour(s)

(5) Transport:

☐ will be provided free, when official

☐ will be subsidized

☐ will not be provided

(4) Medical care:

☐ will be provided free at \_\_\_\_\_

☐ otherwise (please specify) \_\_\_\_\_

(5) Authorized annual leave:

(6) Working hour:

## 6. OTHER INFORMATION (FOREIGN ASSISTANCE)

☐ Financial support ---- Name of the country \_\_\_\_\_

Approximate amount \_\_\_\_\_

☐ Expert(s) ----- Name of organization \_\_\_\_\_

☐ Volunteer(s) ----- Name of organization \_\_\_\_\_

## 7. CORRESPONDENCE

*\* Name and address of the official to whom correspondence regarding this application should be forwarded.*

.....  
(Date)

.....  
(Signature)

.....  
(Name)

.....  
(Title, Ministry)