

Volunteer Registration Form for the Community Partnership Program at the Disability Resource Center – University of Sharjah

Volunteer Information

Name Gender Female Male
 Title Faculty Administrative/Technical staff Student Alumni
 Telephone Email

Volunteer Area:

Reading/Writing during Exam [Kindly specify the college in which you would like to volunteer for reading and writing during the exam period] .

Sharia and Islamic Studies Law Business Administration
 Arts, Humanities and Social Sciences Communication Health Sciences
 Graduate Studies and Research Sciences Fine Arts and Design
 Medicine / Dental Medicine / Pharmacy Engineering Community College

Taking notes during the lecture Writing press releases (Translation) Arabic/English
 Peer Teaching Short videos Assistant during workshop, lectures, conferences
 Reading Photography Training on using the computer
 Learning English Designing Publications Training in the use of support technologies for people with disabilities
 Printing Drawing/Painting Organizing events and campaigns
 Movement- getting around

Branch where you would like to volunteer: Sharjah Khorfakkan Kalba Al Dhaid Maleiha Dibba Al Hisn

Please specify the days and times you are available:

Week Day	Period	Hours	Week Day	Period	Hours
<input type="checkbox"/> Sat.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From -----To-----	<input type="checkbox"/> Tues.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From ----- To-----
<input type="checkbox"/> Sun.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From ----- To-----	<input type="checkbox"/> Wed.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From ----- To-----
<input type="checkbox"/> Mon.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From ----- To-----	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Morning <input type="checkbox"/> afternoon	From ----- To-----



جامعة الشارقة
UNIVERSITY OF SHARJAH

مركز الموارد لذوي الإعاقة

Disability Resource Center

No. of hours per day: () hours

Beginning of Volunteer Period (specify): / /

Volunteer Period: During exam period Academic Semester Academic Year

Approval of direct supervisor for faculty and administrative staff members:

Agree Disagree

Name

Signature

Date

Signature of Volunteer

Name

Signature

Date



رؤيتنا: تعليم جامعي ذو كفاءة وجودة عالية للطلبة من ذوي الإعاقة في جامعة الشارقة.

Tel (971) 6
5053028
Fax (971) 6
5053112
drc@Sharjah.ac.ae