

Volunteer Recruitment Form
招募志愿司机表格

I _____ NRIC: _____
我 _____ 登记号码

Taxi No.: _____ Hirer / Relief _____
德士车牌 _____ 车主 / 替班

am willing to volunteer for the CityCab-Michelin-TEACH ME Service Project in transporting disabled students to and from school once a month.

志愿投入城市德士-Michelin-肢障孩童治疗与教育辅助计划免费载送肢障学生每月一次。

Contact Address: _____
联络地址

Contact No.: _____ (Home) _____ (Hand phone)
联络号码 (住家) (手提电话)

Signature: _____ Date: _____
签名 日期

Please drop the completed form into the box provided located at the 2nd floor CityCafe or 3rd floor Front Counter. You may also send the form to us by mail to the following address.

请将填好的表格投入城市德士二楼CityCafe或三楼接待处信箱。您也可以将表格寄至

MICAB SERVICE
FLEET MANAGEMENT DIVISION
CityCab Pte Ltd
600 Sin Ming Avenue
Singapore 575733