

Volunteer application form  
Thai Elephant-assisted Therapy Program (TETP)

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First name..... Last name .....

Age..... Gender  Male  Female

Education.....

Contact Address.....

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Tel.....

E-mail.....

Congenital disease.....

Date of TETP training.....

Date of TETP volunteer.....

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Information for payment

Payment to: Faculty of associated medical science, SCB Bank account

Account no: 566 - 441657 - 0

Amount.....

Date of transfer.....

Please send the application form and copy of money transfer to

Email: [changbumbud.ams.cmu@gmail.com](mailto:changbumbud.ams.cmu@gmail.com)