

VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION			
Name (as in NRIC or Passport): Mr / Mrs/ Miss / Ms / Mdm / Dr*		Name in Chinese Character (If applicable)	
NRIC / FIN. (Last 4 characters)	Nationality	Gender Male / Female	Marital Status
Date of Birth	Race	Religion	Highest Education Level
Occupation		Company / School (If studying)	
MAILING ADDRESS			
Residential Address		Home No.	
Singapore ()		Mobile No.	
Email Address			
OTHERS			
Language Ability: Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Dialects/Others: <input type="checkbox"/> Cantonese <input type="checkbox"/> Hokkien <input type="checkbox"/> Hakka <input type="checkbox"/> Teochew _____			
Written: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____			
How did you get to know of us? <input type="checkbox"/> Family/Friends <input type="checkbox"/> School Event/Corporate Event <input type="checkbox"/> Social Media <input type="checkbox"/> Giving.sg <input type="checkbox"/> Sheng Hong Temple <input type="checkbox"/> Others:			
AVAILABILITY PERIOD			
<input type="checkbox"/> Monthly		<input type="checkbox"/> Weekly	
<input type="checkbox"/> Ad-hoc		<input type="checkbox"/> Quarterly	

AVAILABILITY DAYS AND TIME			
Day	Time		Other Please State
	From	To	
<input type="checkbox"/> Monday			_____ Commencement date _____ Period of Commitment _____
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			
<input type="checkbox"/> Flexible			

MY INTEREST

I would like to work with:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Family |
| <input type="checkbox"/> Active Ageing Centre | <input type="checkbox"/> Childcare Centre | <input type="checkbox"/> Family Service Centre | <input type="checkbox"/> Senior Day Care |
| <input type="checkbox"/> Student Care Centre | | | |

I can help in the following area:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Tuition | <input type="checkbox"/> Organise activities / workshops | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Performing Art | <input type="checkbox"/> Sports & Adventure | <input type="checkbox"/> Drop-in Centre | <input type="checkbox"/> Help children with homework & assessments |
| <input type="checkbox"/> Storytelling with children | <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Art & Craft /Sewing | <input type="checkbox"/> Singing / Music |
| <input type="checkbox"/> Traveling/Outing | <input type="checkbox"/> Board games | <input type="checkbox"/> Handy man / Minor repair | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Exercise/ Taichi/ Qigong | <input type="checkbox"/> Event/Occasion assistance | <input type="checkbox"/> Community Outing | <input type="checkbox"/> Outreaching / Weekly home visit / Telephone contact to elderly |
| <input type="checkbox"/> Others: | | | |

PAST VOLUNTEERING EXPERIENCE

Name of Agency: _____ Period: _____

Please Specify: _____

EMERGENCY CONTACT		
In case of emergency, please contact:		
Name	Relationship	Contact Number
DECLARATION		
Parental consent (if under the age of 16) I hereby confirm that I have the consent		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are suffering from any physical or mental impairment or disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pleaded guilty to any crime(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare that the information provided in this form is accurate and to the best of my knowledge.		
_____ Signature of Applicant	_____ Date	

* Please delete accordingly

FOR OFFICIAL USE		
Initial Meeting Date	Area of Volunteering AAC / CCC / FSC / SDC / SCC	
[For Centre] Interviewed by:		
_____ Name, Designation	_____ Signature	_____ Date
[Volunteer Management] Confirmed by:		
_____ Name, Designation	_____ Signature	_____ Date
Remarks:		