



**Hougang Sheng Hong
Family Service Centre**

*In every community, there is work to be done.
In every nation, there are wounds to heal.
In every heart, there is the power to do it.*

Marianne Williamson

VOLUNTEER APPLICATION FORM

Yes! I would like to be a Volunteer.

PERSONAL INFORMATION (please use block letters) * Please delete accordingly				
Name (as in NRIC or Passport): Mr / Mrs/ Miss / Ms / Mdm / Dr*		Name in Chinese Character (If applicable)		
NRIC / FIN No	Nationality	Sex Male / Female*	Marital Status	
Date of Birth	Race	Religion	Highest Education Level	
Occupation		Company / School (If studying)		
MAILING ADDRESS				
Residential Address Singapore ()		Home No		
		Office No		
		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: _____				
Written:				
<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____				
TICK THE DAY AND TIMES THAT YOU ARE AVAILABLE				
Day	From	Time	To	Other Please State
<input type="checkbox"/> Monday				
<input type="checkbox"/> Tuesday				
<input type="checkbox"/> Wednesday				
<input type="checkbox"/> Thursday				
<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday				
				Period of Commitment

MY INTEREST	
I would like to work with: <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Elderly <input type="checkbox"/> Family	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"/> Others _____

PAST VOLUNTEERING EXPERIENCE
Name of Agency: _____ Period: _____ Please Specify: _____ _____

EMERGENCY CONTACT
In case of emergency, please contact: Name: _____ Relationship: _____ Contact Number: _____

DECLARATION	
I declare that all information given is accurate at the time of completion and understand that the approval of my application is subjected to the consideration of Hougang Sheng Hong Family Service Centre. If appointed, I agree to abide by the volunteer's code of ethics and fulfill the responsibilities of a volunteer to the best of my ability. I also consent the use of my photograph taken during the activities to be uploaded / displayed on our centre's website, newsletters and other publicity.	
_____ Signature of Applicant	_____ Date

Thank you for taking the time to volunteer with us
 Please email / fax or post the completed form to:
 Hougang Sheng Hong Family Service Centre
 Blk 237, Hougang St 21, #01-406
 Singapore 530237
 Phone Number: 62895022 Fax: 62898242
 Email: fsc@shenghong.org.sg

FOR OFFICIAL USE

Interviewed by: _____ Signature: _____ Date: _____ Remarks: _____ _____
