

*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 REGISTRATION FORM

PERSONAL INFORMATION				
Name (as in NRIC) (Mr / Madam / Ms)				
Date of Birth	Sex Male / Female	Nationality	Marital Status	Occupation
NRIC / FIN No (last 4 digits):		Highest Education Level		Organization
Race	Religion	PSLE / GCE 'N' / 'O' / 'A' / Diploma Degree / Masters / Others		
MAILING ADDRESS				
Residential Address			Home No	
			Office No	
			Mobile No	
Email Address				
OTHERS				
Language Proficiency (Circle accordingly)				
English / Mandarin / Cantonese / Hokkien / Hakka / Hainan / Malay / Tamil / Others: _____				
TICK THE DAY AND TIMES THAT YOU ARE AVAILABLE				
Day		Time		Period of Commitment: 6 / 12 months From _____ to _____
		From	To	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Past Volunteering Experience	Areas of Interest	Scope of Services
<p>Name of Agency: _____</p> <p>Period: _____</p> <p>Area of Experience: _____</p>	<input type="checkbox"/> Counseling <input type="checkbox"/> Art & Craft <input type="checkbox"/> Singing/ Music <input type="checkbox"/> Traveling <input type="checkbox"/> Board games <input type="checkbox"/> Dancing <input type="checkbox"/> Cooking <input type="checkbox"/> Drawing <input type="checkbox"/> Nursing/ Medical <input type="checkbox"/> Carpentry <input type="checkbox"/> Gardening <input type="checkbox"/> Exercise/ Taichi/ Qigong <input type="checkbox"/> Electronics <input type="checkbox"/> Brisk walk <input type="checkbox"/> Tea Making <input type="checkbox"/> Bakery <input type="checkbox"/> Current Issues <input type="checkbox"/> Flower arrangement	<input type="checkbox"/> Escort client to medical appointment <input type="checkbox"/> Special programme / Outing <input type="checkbox"/> Outreaching / Weekly home visit / Telephone contact to elderly <input type="checkbox"/> Stock check food rations / collaterals <input type="checkbox"/> Photo taking / Video taping / Design webpage <input type="checkbox"/> Distributing flyers <input type="checkbox"/> Administrative work
<p>Skills & Expertise</p>		

I, _____, confirm that the above information furnished by me to be correct and true and agree that:

1. I will commit to the time and task of the program I volunteered.
2. As a volunteer, I will have to go through a compulsory Volunteer Orientation and Training Workshop.
3. I am responsible for all my action while in service with Life Point.
4. I will inform the Volunteer Manager a month in advance should I need to discontinue my services with Life Point.

Signature of Applicant

Date

FOR OFFICIAL USE

Interview Date: _____ Handled By: _____

Interviewer's Comment

Approved: Yes No

Centre Manager's Signature: _____

Date: _____