



**Hougang Sheng Hong
Student Care 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	Time		Commencement date
<input type="checkbox"/> Monday	From	To	_____
<input type="checkbox"/> Tuesday			_____
<input type="checkbox"/> Wednesday			_____
<input type="checkbox"/> Thursday			_____
<input type="checkbox"/> Friday			_____
<input type="checkbox"/> Saturday			_____

AREAS THAT YOU CAN ASSIST

I can help in the following area:

<input type="checkbox"/> Help children with homework & assessments	<input type="checkbox"/> Drop-in Centre
<input type="checkbox"/> Organize activities/workshops	<input type="checkbox"/> Others _____
<input type="checkbox"/> Storytelling with children	
<input type="checkbox"/> Outdoor Activities	

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 Student Care 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 Student Care Centre
Blk 238, Hougang Ave 1, #01-292
Singapore 530238
Phone Number: 62852726
Email: scc@shenghong.org.sg

FOR OFFICIAL USE

Interviewed by: _____ Signature: _____ Date: _____

Recommendation: Accepted / Rejected