



## VOLUNTEER APPLICATION FORM

### 1. Personal Particulars

<b>Name</b>	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Mdm	
<b>Citizenship</b>	<input type="radio"/> Singaporean <input type="radio"/> PR <input type="radio"/> Foreigner (Country: _____)	
<b>NRIC/FIN No.</b>		
<b>Address</b>		
	Singapore ( _____ )	
<b>Telephone</b>	Home	Mobile
	Office	
<b>E-mail</b>		
<b>Marital status</b>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	
<b>Race</b>	<input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Others: _____	
<b>Highest qualification attained</b>	<input type="radio"/> Primary _____	<input type="radio"/> Secondary _____
	<input type="radio"/> GCE N-levels	<input type="radio"/> GCE O-levels
	<input type="radio"/> Pre-University	<input type="radio"/> GCE A-level
	<input type="radio"/> Diploma in _____	<input type="radio"/> Bachelor of _____
	<input type="radio"/> Others: _____	
<b>Employment status</b>	<input type="radio"/> Working full time	<input type="radio"/> Working part time
	<input type="radio"/> Self-employed	<input type="radio"/> Unemployed
	<input type="radio"/> Retired	<input type="radio"/> Student (School: _____)
<b>Past/present working experience</b>		

Brought to you by:





<b>2. Skills and Experience</b>								
<b>Language proficiency</b>			Written	Spoken				
	English							
	Mandarin							
	Hokkien							
	Cantonese							
	Teochew							
	Malay							
	Tamil							
	Punjabi							
	Hindi							
Others:								
<b>Volunteer experience</b>								
<b>Special skills</b>	<input type="radio"/> Counselling				<input type="radio"/> Nursing			
	<input type="radio"/> Design / desktop publishing				<input type="radio"/> Web design			
	<input type="radio"/> Teaching/training: _____				<input type="radio"/> Others: _____			
<b>3. Volunteer Commitment and Preferences</b>								
<b>Availability</b>	<input type="radio"/> _____ hours available per week							
	<input type="radio"/> Ad hoc or project basis <input type="radio"/> School holidays							
<b>Preferred days</b>		Mon	Tue	Wed	Thu	Fri	Sat	Sun
	AM							
	PM							
<b>Areas of interest</b>	<input type="radio"/> Clinic guide and helper				<input type="radio"/> Therapy assistant			
	<input type="radio"/> Manning enquiries counter				<input type="radio"/> Organising workshops/activities			
	<input type="radio"/> Providing administrative support				<input type="radio"/> Sharing at workshops/focus groups			
	<input type="radio"/> Others: _____							

Brought to you by:





<b>I prefer to work with</b>	<input type="radio"/> Children <input type="radio"/> Elderly <input type="radio"/> Chronically-ill	<input type="radio"/> Adult <input type="radio"/> Disabled <input type="radio"/> Others: _____
<b>Other volunteer commitments</b>		
<b>How did you find out about our volunteer programme?</b> <input type="radio"/> Through a friend <input type="radio"/> Through a polyclinic staff member (Name: _____) <input type="radio"/> Brochure <input type="radio"/> Poster <input type="radio"/> Internet <input type="radio"/> Others: _____		
<b>Have you been convicted in the court of law in any country?</b> <input type="radio"/> Yes (Please specify: _____) <input type="radio"/> No  I certify that the above information is true and correct to the best of my knowledge.		
_____ Name of Volunteer		_____ Signature and Date
<b><i>For Official Use</i></b>  <b>Remarks / Comments by Interviewer</b>          		