



Singapore Children's Society Volunteer Application Form

Full Name (<i>Underline Surname</i>) Mr/ Miss/ Mrs/ Dr					Preferred Name		
Home Address <p style="text-align: center;">Singapore ()</p>					Home Number		Mobile Number
					Email		
Company or School					Occupation		
Date Of Birth		Age	Sex	Marital Status	NRIC No		Place Of Birth
Race		Religion		Dialect		Citizenship	
Language Ability (<i>Please Tick</i>)							
		English	Mandarin	Malay	Tamil	Others (<i>Specify</i>):	
Spoken		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Highest Qualification							
<input type="checkbox"/> Post Graduate		<input type="checkbox"/> Degree		<input type="checkbox"/> Diploma		<input type="checkbox"/> "A" Level	<input type="checkbox"/> "O"/"N" Level
Course Specialisation: _____							
I Can Volunteer My Services							
<input type="checkbox"/> At least a Year: Fortnightly/Weekly							
<input type="checkbox"/> Less Than a Year: From _____ to _____							
<input type="checkbox"/> Ad Hoc Basis (Project Basis)							
Preferred Starting Date: _____ (dd/mm/yyyy)							
Period Available: _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)							
Days and Timing I Am Available To Volunteer (<i>Please Tick</i>)							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (9am – 12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12pm – 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (6pm – 9pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Activities (Please Tick 3 activities that you would like to help out in)

<p>Regular Programmes</p> <p>Student Services Hub (Bukit Merah)</p> <p><input type="checkbox"/> Tinkle Friend Helpline</p> <p><input type="checkbox"/> Project CABIN</p> <p><input type="checkbox"/> Vulnerable Witness Support Programme</p> <p><input type="checkbox"/> Sunbeam Friends Club</p> <p>Corporate Office</p> <p><input type="checkbox"/> Admin Support</p> <p>Student Care Centre (Henderson)</p> <p><input type="checkbox"/> Tuition</p> <p><input type="checkbox"/> Fun with I.T.</p> <p><input type="checkbox"/> Reading Programme</p> <p>Youth Centre (Jurong)</p> <p><input type="checkbox"/> Tuition</p> <p><input type="checkbox"/> Programme Facilitators</p> <p>Research and Outreach</p> <p><input type="checkbox"/> Admin Support</p> <p>Sunbeam Place</p> <p><input type="checkbox"/> Tuition</p> <p><input type="checkbox"/> Reading Programme</p> <p><input type="checkbox"/> Homework Supervision</p> <p>Youth Service Centre (Toa Payoh)</p> <p><input type="checkbox"/> Roundbox</p> <p><input type="checkbox"/> Youth Family Care</p> <p>Family Service Centre (Yishun)</p> <p><input type="checkbox"/> Sunbeam Friends Club</p> <p><input type="checkbox"/> Supervised Study Programme</p>	<p>Ad Hoc Programmes</p> <p>Student Services Hub (Bukit Merah)</p> <p><input type="checkbox"/> Camps</p> <p>Fund Raising Department</p> <p><input type="checkbox"/> Fund Raising Activities</p> <p>Sunbeam Place</p> <p><input type="checkbox"/> School Holiday Activities</p> <p>Family Service Centre (Yishun)</p> <p><input type="checkbox"/> Admin Support</p> <p><input type="checkbox"/> Camp V-Nest</p> <p><input type="checkbox"/> Family Support</p>
<p>Special Skills I can Share</p> <p> <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Committee <input type="checkbox"/> Dancing <input type="checkbox"/> Drama <input type="checkbox"/> Fund Raising <input type="checkbox"/> Music <input type="checkbox"/> Photography <input type="checkbox"/> Singing <input type="checkbox"/> Sports <input type="checkbox"/> Tuition <input type="checkbox"/> Writing <input type="checkbox"/> Others _____ </p>	
<p>Certification (if any)</p> <p>Certification Awarded: _____</p> <p>Awarding Body: _____</p> <p>Year Awarded: _____</p>	

Volunteering History (if any)

Service Sector:
 Children, Youth and Family Community and Health Others: _____
 Disability Elderly No Experience

Activity: _____ **Programme:** _____

Organisation: _____

Start date (dd/mm/yyyy): _____ **End date (dd/mm/yyyy):** _____

No. of Hours: _____ **Frequency:**
 Ad Hoc Regular

Convicted Of Any Offence No Yes (Please Specify)

Any Medical Problem No Yes (Please Specify)

Person to Contact During Emergency:

Name _____ **Contact No** _____

Relationship _____

I understand that misrepresentation or omission of facts requested is cause for non-appointment as volunteer or for termination after appointment if appointed as a volunteer. I agree to abide by the expectations of a volunteer and to fulfil the volunteer responsibilities to the best of my ability.

 Name & Signature/ Date

**Any volunteer who is being considered for an on-going assignment, and will have direct access to vulnerable children or/and youth will be interviewed in person.*

OFFICIAL USE ONLY			
Comments	Interviewed By	Phone/ Personal Interview?	Date

Please return the completed form to Ms Goh Fang Ying via fax at 6273 2013 or mail to 298 Tiong Bahru Road, #09-05 Central Plaza Singapore 168 730. Thank you.