



SOCIETY FOR THE AGED SICK

130 Hougang Avenue 1, Singapore 538900. Tel: (65) 6922 6222 Fax: (65) 6289 3227
Email: enquiry@societyagedsick.org.sg Website: societyagedsick.org.sg

We are member of



VOLUNTEER APPLICATION FORM

Personal Details

Salutation: Mr / Ms / Mrs / Mdm / Dr Full Name as in NRIC: _____

NRIC/FIN/PP: _____ Date of Birth (DD/MM/YY): ____/____/____

Gender: Male Female Religion: _____

Race: Chinese Malay Indian Eurasian Others _____

Occupation: Self Employed Management Executive Homemaker Retiree Student
 Others: _____

Highest Level of Education: NA Primary Secondary Tertiary Degree
 Masters Doctoral PHD

Subject of Study: _____

Address: _____

_____ Postal Code _____

Home No.: _____ Hand phone No.: _____

Email Address: _____

Skills & Experience

Language Proficiency

Written: _____

Spoken: _____

Previous Experience

Please check any of the following in which you have had previous experience, exposure or training.

- CPR First Aid Therapy Nursing
 Administration Fundraising
 Others (please state): _____

Please state any past experience or qualifications which may be relevant to volunteering with us:



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Area of Volunteer Interest

- Befriending Organising Activities Fundraising
 Administrative Support Promoting Awareness Therapy
 Other Interests: _____

Volunteer Commitment

How often will you be able to volunteer (tick only one)?

- 2 – 3 times a week Once a week Once a Fortnight Once a month Weekends Only
 Ad Hoc Others (please state) : _____

Please indicate preferred day of service (you may tick more than one):

- Monday Tuesday Wednesday Thursday Friday Saturday
 Sunday No Preference

Declarations

Medical Declaration

Do you currently have any medical conditions? Yes / No

If yes, please state: _____

Personal Declaration

Do you have any records or criminal convictions? Yes / No

If yes, please state: _____

** The above information is requested to assist the selection process and will be taken into account only when it is considered to be relevant to the volunteer role*

PERSONAL DATA PROTECTION ACT

The Personal Data Protection Act (PDPA) governs the collection, use, disclosure and care of individual's personal data.

In relation to the PDPA, we would like to seek your consent for the following:

(Please tick on the boxes to indicate your approval)

I hereby give my consent for:

- Mentions and publicity for events and activities, including photographs/videos and social media, by Society for the Aged Sick
 Relevant information may be disclosed to the authorities, upon request, or as may be required by applicable law or regulation.

I would like to receive updates and news from Society for the Aged Sick through:

- Email Mail Phone/SMS
 I do not wish to receive any updates and news.



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How did you get to know about us?

- NVPC Website / Search Engine (Google / Yahoo) Friends / Family / Colleagues
 School I stay nearby Others: _____

I declare the information that I have given on this form to be true and correct. By providing my details, I understand that the organisation may use my details for record and reference purposes, but will not disclose information to any third party without seeking my permission.

Applicant's Signature

Date of Application

For official use only:

Date of commencement: _____

Date of Orientation: _____

Date of Termination: _____

Remarks:

