



Please provide  
TWO recent  
passport photos

## Volunteer Application Form

### Personal Details:

Title: ☐ Mr ☐ Dr ☐ Mrs ☐ Miss ☐ Mdm

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

NRIC/FIN No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel (HP): \_\_\_\_\_ Tel (H): \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Marital Status(Optional): Single/Married

Industry (Optional): \_\_\_\_\_ Education level (Optional): Degree/Poly/JC/Sec/Pri

### Home Address:

Blk no:	Street name:	Building name:
Floor no:	Unit no:	Postal code:

Name of Emergency Contact:	Contact Number:	Relationship:
	(HP)	

### Language Proficiency: (Spoken)

☐ English ☐ Malay ☐ Dialects/Others (please specify)  
☐ Mandarin ☐ Tamil

### Areas of Interest: (You may tick more than one)

- ☐ Greeters/Navigators
- ☐ Gardening
- ☐ Arts in Healing
- ☐ Health Screening
- ☐ Event Specialist
- ☐ Befriending
- ☐ Others: \_\_\_\_\_



Availability							
Please indicate your preferred day and time slots							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9am-1pm)							
Afternoon (1pm-5pm)							
Evening (5pm-9pm)							
Why is volunteering fulfilling to you?							
Do you have any friends or relatives working/volunteering in Sengkang Health?							
Background Information							
<p>Are you in good health? <input type="checkbox"/> No, (Please elaborate): _____ <input type="checkbox"/> Yes</p> <p>Have you ever been treated for any psychiatric/psychological problems? <input type="checkbox"/> Yes, (Please elaborate): _____ <input type="checkbox"/> No</p> <p>Have you ever been convicted in the court law in any country? <input type="checkbox"/> Yes, (Please elaborate): _____ <input type="checkbox"/> No</p>							
Declaration							
<p><input type="checkbox"/> I hereby confirm that all the information provided in this application form is accurate and true. I also agree to abide by all policies and procedures administered by Sengkang Health.</p> <p><input type="checkbox"/> I hereby give my consent for the use of my name, voice and photographic/electronic images for mentions at events and publicity materials including social media.</p> <p><input type="checkbox"/> I also agree to be included in Sengkang Health's mailing list to be updated of news updates and invitations to events through phone calls, emails and text messages.</p>							
_____ Volunteers Signature				_____ Date			