



VOLUNTEER APPLICATION FORM

Recent
Passport-Size
Photograph

PART I PERSONAL PARTICULARS (Tick where applicable)			
Name (As in NRIC, Underline Surname)		NRIC / FIN / Passport No	
Date of Birth	Colour of NRIC *Pink / Blue	Nationality	
Address		Home no	
Postal Code		H/P no	
		Office no	
		Email Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
No. of children (if any)			
Religion		Religious Affiliations (church, temple, mosque, if any)	
Highest Education Qualification <input type="checkbox"/> PSLE <input type="checkbox"/> GCE 'N' Level <input type="checkbox"/> GCE 'O' Level <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> ITE <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Others: _____			Area of Study
Occupation		Organization / School	
In case of emergency Name of next-of-kin: _____ Relationship: _____ Contact no: _____ Drug allergy (if any): _____			
How did you know about our volunteering opportunities? <input type="checkbox"/> Friends <input type="checkbox"/> Mailers <input type="checkbox"/> Brochure, please specify where you obtain it: _____ <input type="checkbox"/> Our website <input type="checkbox"/> Others: _____			

PART II LANGUAGE & DIALECT PROFICIENCY (Tick where applicable)					
<u>Written</u>	Fluent	Fair	<u>Spoken</u>	Fluent	Fair
English			English		
Chinese			Chinese		
Malay			Malay		
Tamil			Tamil		
Others: _____			Others: _____		

PART III AREAS OF VOLUNTEERING INTEREST (Tick where applicable)		
<p>Youth:</p> <p><u>Sports</u></p> <input type="checkbox"/> Soccer <input type="checkbox"/> Floorball <input type="checkbox"/> Others: _____ <p><u>Adventure</u></p> <input type="checkbox"/> Camps <input type="checkbox"/> Outings <input type="checkbox"/> Others: _____ <p><u>Tuition</u></p> <input type="checkbox"/> Pri <input type="checkbox"/> Sec <p><u>Youth Hub</u></p> <input type="checkbox"/> Manning Youth Hub	<p><u>Creative Arts</u></p> <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Craft Others: _____ <p>Family:</p> <input type="checkbox"/> Family Life Education Speakers/Trainers <p>Seniors:</p> <input type="checkbox"/> Befriending <input type="checkbox"/> Home/Hospital Visitation <input type="checkbox"/> Creative Arts <input type="checkbox"/> Language and Cultural Lessons <input type="checkbox"/> Professional Speakers/Trainers <input type="checkbox"/> Fitness Support <input type="checkbox"/> Logistic Support <input type="checkbox"/> Administrative Support <input type="checkbox"/> Community Outreach	<p>Others:</p> <p><u>Design</u></p> <input type="checkbox"/> Video <input type="checkbox"/> Web support <input type="checkbox"/> Photography <p><u>Fundraising</u></p> <input type="checkbox"/> CSR (Corporate Social Responsibility) <input type="checkbox"/> Social Entrepreneurship <input type="checkbox"/> Fundraising <input type="checkbox"/> Annual/Ad-Hoc Events <input type="checkbox"/> Sponsorship/Gifts-In-Kind

PART IV ADDITIONAL INFORMATION (Tick where applicable)																																	
Describe briefly any previous volunteering experience	Special skills <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Life Saving <input type="checkbox"/> Photography <input type="checkbox"/> Graphic/Web design <input type="checkbox"/> Others: _____ <input type="checkbox"/> Coaches certification: _____ <input type="checkbox"/> Events Management: _____																																
Availability (You may tick more than one) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Mon</th> <th style="text-align: center;">Tue</th> <th style="text-align: center;">Wed</th> <th style="text-align: center;">Thu</th> <th style="text-align: center;">Fri</th> <th style="text-align: center;">Sat</th> <th style="text-align: center;">Sun</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Afternoon</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Night</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> Period of time (Duration) e.g. 6 months: _____		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Involvement Programme (CIP) (*Optional) Duration (weeks/month): _____ Projected hours of involvement: _____ Time slot available: _____ Require letter / verification <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mon	Tue	Wed	Thu	Fri	Sat	Sun																										
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Personal History 1. Have you ever suffered or are suffering from any physical impairment, disease or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you been charged with any offence or do you have a criminal record in Singapore (under the Registration of Criminal Acts, excluding parking offences) or convicted in a court of law in any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to any of the above, please give details: _____																																	

PART V DECLARATION AND ACKNOWLEDGEMENT		
I declare that the information provided is true and accurate and agree to abide with all current and existing code of conduct that is in practice in FaithActs.		
_____ Name / NRIC	_____ Signature	_____ Date

FOR OFFICIAL USE		
Date of Interview (DD-MM-YY)	Start Date (DD-MM-YY)	End Date (DD-MM-YY)
interview by (Name of Staff)	Programme assigned	Exit interview by (Name of Staff)