

Group Volunteer Registration Form (Community / Corporate Partners)

Thank you for your interest in NTUC Health. Your information will be treated with strict confidentiality.

Part A: About your Company / Organisation / School / Group

**Delete where applicable*

Name of Company / Organisation / School / Group*	
Address	
Volunteer Group Size	<i>(Please provide particulars of participants in Annex 1 when the activity is confirmed)</i>
Kindly tell us more about your Company / Organisation / School / Group	

Part B: Coordinator

**Delete where applicable*

Name as in NRIC Mr/Ms/Mrs/Mdm/Dr*	
Contact No.	

Part C: Purpose / Objective

Why are you interested in volunteering with us?	<i>(E.g. to serve the community, CIP, to bring joy to the elderly)</i>
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Part D: Preferred location(s) of volunteer service (please tick ✓)

Caring Assistance for Neighbours (CAN) Programme <input type="checkbox"/> Bukit Merah <input type="checkbox"/> Jurong West	Community Befriending Programme <input type="checkbox"/> Bukit Batok <input type="checkbox"/> Henderson <input type="checkbox"/> Lengkok Bahru <input type="checkbox"/> Marsiling <input type="checkbox"/> Redhill <input type="checkbox"/> Taman Jurong <input type="checkbox"/> Telok Blangah <input type="checkbox"/> Whampoa	SilverACE (Senior Activity Centre) <input type="checkbox"/> Bukit Merah <input type="checkbox"/> Henderson <input type="checkbox"/> Lengkok Bahru <input type="checkbox"/> Redhill <input type="checkbox"/> Taman Jurong <input type="checkbox"/> Telok Blangah <input type="checkbox"/> Whampoa	SilverCOVE (Senior Wellness Centre) <input type="checkbox"/> SilverCOVE (Marsiling Heights)	Silver Circle (Day / Senior Care Centre) <input type="checkbox"/> Ci Yuan <input type="checkbox"/> Chai Chee <input type="checkbox"/> Dakota Crescent <input type="checkbox"/> Fengshan <input type="checkbox"/> Geylang East <input type="checkbox"/> Henderson <input type="checkbox"/> Jurong Central <input type="checkbox"/> Jurong West <input type="checkbox"/> Marsiling <input type="checkbox"/> Punggol South <input type="checkbox"/> Pasir Ris <input type="checkbox"/> Serangoon Central <input type="checkbox"/> Taman Jurong <input type="checkbox"/> Toa Payoh	NTUC Health Nursing Home <input type="checkbox"/> Chai Chee <input type="checkbox"/> Geylang East <input type="checkbox"/> Jurong West
<input type="checkbox"/> I am open to any venue/services based on NTUC Health's needs					

Part E: Proposed Activities (please attached separate write-up if space is inadequate)

If there is no proposed plan, the following are some suggested activities for consideration (please tick ✓)

**Specific training will be provided*

<input type="checkbox"/> Assist clients during meals	<input type="checkbox"/> Assist with basic medical / nursing care*	<input type="checkbox"/> Befriend seniors	<input type="checkbox"/> Carry out Table-Top Activities (card games, mahjong)
<input type="checkbox"/> Cook / Bake / Prepare meals for seniors	<input type="checkbox"/> Conduct art & craft sessions (painting, drawing, handicraft)	<input type="checkbox"/> Conduct classes or workshops (Language, dialects, cooking, life story scrapbooking)	<input type="checkbox"/> Escort seniors for medical appointments*
<input type="checkbox"/> Facilitate communication with seniors on preparation of Advance Care Planning*	<input type="checkbox"/> Gardening	<input type="checkbox"/> Grooming (Haircut, pedicure, manicure)	<input type="checkbox"/> Housekeeping / Flat-cleaning
<input type="checkbox"/> Organise game sessions / competitions (Rummy O)	<input type="checkbox"/> Music therapy (Percussion, instrumental)	<input type="checkbox"/> Organise Events (Sing-along sessions, karaoke competitions, celebrations, etc)	<input type="checkbox"/> Organise Outings
<input type="checkbox"/> Teach simple exercises	<input type="checkbox"/> Others (Please specify):		

Part F: Availability

Preferred volunteering commitment (please tick ✓)

<input type="checkbox"/> 1 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 1 year	<input type="checkbox"/> Indefinite
<input type="checkbox"/> 2 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 2 years	Exploratory period of: (weeks / months)

Preferred day / time the group will be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Part G: How did you hear about us? (please tick ✓)

<input type="checkbox"/> Related to Senior Client / Resident	<input type="checkbox"/> Through Family / Relatives	<input type="checkbox"/> Through Colleagues / Friends
<input type="checkbox"/> NTUC Health Website	<input type="checkbox"/> NTUC Health Facebook	Others (please specify):

Part H: Comments / Questions

Please feel free to provide any comments/feedback or questions.



Part I: Declaration, Understanding and Agreements

On behalf of our group:

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my volunteering.

I understand that during the course of our volunteer service, NTUC Health may take photographs or video footages which may include my group members and I agree to these for mentions in publicity materials including social media, and use for events and activities.

I understand and agree that photographs and video footages by my group members at our facilities and may include our clients are not to be uploaded to any media platforms without written consent from NTUC Health.

I also understand that our involvement in the services of NTUC Health, is solely on a voluntary basis and NTUC Health will not be liable for any injuries or loss of properties/personal belongings incurred during any of the indoor or outdoor activities/programmes.

Coordinator's Name/IC Number

Signature

Date

Please send the completed form (group and members) to us through one of the following channels:

Post: Manager, Volunteer Engagement
NTUC Health Co-operative Limited
55 Ubi Avenue 1 #08-01
Singapore 408935

Fax: 6590 4389
Email: volunteer@ntuhealth.sg

NTUC Health respectfully reserves the right to decline the volunteering request if there are operational constraints on our part or a mismatch of objectives.

For official use

Facility(s)		Start Date	
Area(s) of service		End Date	
Remarks			

Name List for _____ Group Activity on _____
(Name of Organisation/School/Group) (Date & Day)

No.	Name	Gender (M/F)	IC number
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