

Volunteer Registration Form (Individual)

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

Part A: Personal Information

**Delete where applicable*

| | | | |
|--------------------------------------|-------------------------|-------------------|----------------|
| Name as in NRIC Mr/Ms/Mrs/Mdm/Dr* | | Gender | Male / Female* |
| NRIC / Passport / FIN No. | | Date of Birth | |
| Marital Status: | | Nationality | |
| Race | | Religion (if any) | |
| Home Address | S() | | |
| Contact | Home 📞 | | Mobile 📱 |
| | E-Mail ✉ | | Office 📠 |
| Emergency Contact | Name | | Home 📞 |
| | Relationship | | Mobile 📱 |

Part B: Occupation

**Delete where applicable*

| | |
|---|---|
| Employment Status | Employed (Salaried) / Self-Employed / Not Employed / Retired / Schooling / Homemaker / Others (pls specify)* |
| Name of Company / School | (For Employed (Salaried) / Schooling) |
| Occupation / Designation / School Level | (Eg: Manager, Fund-raising / Sec 4) |

Part C: Education & Language

| | |
|---------------------------------------|--|
| Highest Education Level Qualification | |
| Specialisation (if any) | <i>(E.g. social work, banking)</i> |
| Spoken | English / Mandarin / Malay / Tamil / Others (pls specify)* |
| Written | English / Mandarin / Malay / Tamil / Others (pls specify)* |

Part D: Purpose of Volunteering

| | |
|---|--|
| Why are you interested in volunteering with us? | <i>(E.g. to serve the community, CIP, to bring joy to the elderly)</i> |
|---|--|

Part E: Special Skills

| | |
|-------------------|---|
| Hobby & interests | <i>(E.g. singing, calligraphy, photography)</i> |
|-------------------|---|

Part I: Availability

Preferred volunteering **commitment:**

| | | | |
|-----------------------------------|-----------------------------------|----------------------------------|---|
| <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 volunteering **frequency:**

| | |
|--------------------------------|--|
| Once every: (please circle) | 1 week / 2 weeks / 1 month / 2 months / 3 months / 4 months / 6 months / 12 months / Others: |
| Available From (DD/MM/YYYY) | |

Preferred **day / time** I will be available to volunteer: (please tick ✓)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

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

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

Part K: Comments / Questions

Part L: Declaration, Understanding and Agreement

| | | |
|---|--|-------------------------|
| Have you been, or are suffering from any physical or mental impairment or disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: _____ | |
| Have you ever been convicted of or plead guilty to any crime(s)? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: _____ | |
| <p>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.</p> <p>I understand that during the course of my volunteer service, NTUC Health may take photographs or video footages which may include me and I agree to these for mentions in publicity materials including social media, and use for events and activities.</p> <p>I understand and agree that photographs and video footages by me are not to be uploaded to any media platforms without written consent from NTUC Health.</p> <p>I also understand that my 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 my participation in any of their indoor and outdoor activities/programmes.</p> <p>For the purpose of compliance with the Personal Data Protection Act, I have obtained consent from _____ (next of kin) to provide his/her personal data to NTUC Health for emergency contact purposes.</p> | | |
| _____ Name of applicant | _____ Signature | _____ Date |
| <p>For applicants aged 16 and below, please obtain parental/guardian consent below:</p> | | |
| _____ Name of parent / guardian | _____ Signature | _____ Contact Number |

Please send the completed form 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 | | | |