



VOLUNTEER APPLICATION FORM

PERSONAL PARTICULARS

Name: _____ Gender: M / F Age: _____

Address: _____ Postal Code: _____

Email: _____ Contact No: _____

YOUR INTEREST

Please check any tasks which you would like to help with.

- Administration Backend support Supporting front line roles
 Fundraising Others (please state): _____

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

SKILLS AND EXPERTISE

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

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

TIME AVAILABLE

Please check how often you will be able to give to the organisation.

- Daily Weekly Monthly Quarterly

Please state any preferred day(s) / time(s): _____

AGENCIES

Please check the centre(s) you would like to volunteer your service with.

- Senior Activity Centres / Active Aging Centres Childcare Centres
 Student Care Centre Family Service Centre Chee Hoon Kog

Signature: _____ Date: _____