

Volunteer Application Form

Thank you for your interest to volunteer with SATA CommHealth.
 Information is captured for administrative purposes only and it will be treated in strict confidence.

1. PERSONAL PARTICULARS

Full Name (as in NRIC): *Dr / Mr / Miss / Mrs / Mdm (Underline surname)	Preferred Name: (if any)	
Home Address :	Gender: *F/M	Home Tel :
Mailing Address : (if different from above)	Mobile :	Email address :

2. SKILLS (Please tick any of the following in which you have had previous experiences, expertise or training)

<input type="checkbox"/> Basic First Aid	<input type="checkbox"/> Basic Counselling	<input type="checkbox"/> CPR	<input type="checkbox"/> Counselling	<input type="checkbox"/> Therapy	<input type="checkbox"/> Nursing
<input type="checkbox"/> Teaching	<input type="checkbox"/> Administration	<input type="checkbox"/> Others (Please state): _____			

3. INTEREST (Please tick any tasks which you will like to help with)

<input type="checkbox"/> Administration	<input type="checkbox"/> Backend support	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Supporting front line roles
<input type="checkbox"/> Assist in simple therapy exercises	<input type="checkbox"/> Help out with a patient support group		
<input type="checkbox"/> Others (Please state): _____			

4. HIGHEST EDUCATIONAL LEVEL

<input type="checkbox"/> Secondary	<input type="checkbox"/> Polytechnic	<input type="checkbox"/> University	<input type="checkbox"/> Other: _____
Name of institution of highest educational level: _____			

5. LANGUAGE PROFICIENCY

<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Malay	<input type="checkbox"/> Tamil
<input type="checkbox"/> Dialect / Others (Please list): _____			

6. EXPERIENCE IN VOLUNTARY WORK (if applicable)

Organisation	Period of Service	Type of Voluntary Work Performed	Name of Reference

7. TIME AVAILABLE (Please check how often you will be able to give to the organisation)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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8. COMMITMENT (Please tick the preferred day(s) / time(s):)

Time slot	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning Anytime between 7:30 am to 12 pm							
Afternoon Anytime between 12 pm to 5 pm							
Evening 5 pm to 7 pm							
Night 7 pm to 9 pm							
Night 9 pm to 12 am							
After midnight 4 am to 7 am							

9. How did you come to know of our volunteer programmes?

SATA website
 Newspaper
 Friends
 Others: _____

10. Medical Declaration

Do you currently have any medication conditions which could affect your safety or the safety of others?

No
 If yes, please state: _____

Note: The information is requested to assist the selection process and will be taken into account only when it is considered relevant to the volunteer role.

11. Personal Declaration

Do you have any record of criminal convictions?

No
 If yes, please state: _____

Have you ever been declared bankrupt, or entered into a personal insolvency agreement?

No
 If yes, please state: _____

Note: The information is requested to assist the selection process and will be taken into account only when it is considered relevant to the volunteer role.

APPLICANT'S DECLARATION

I declare that the information given by me in this form is true and correct. By providing my details, I understand that the organisation may use my details for record and reference purposes, but will not disclose information to any third party without seeking my permission.

 Volunteer's Name / Signature

 Date