



KWONG WAI SHIU HOSPITAL

廣 惠 肇 留 醫 院

Since 1910

Volunteer Form

Name (Mr/Mrs/Mdm/Ms)*: _____

D.O.B (dd/mm/yyyy): _____ NRIC no.*: _____

Email*: _____ HP no.: _____

Marital status: Single Married

Address: _____

_____ Postal code: _____

Occupation: _____

Volunteerism experience (if any): _____

Religion: _____

Knowledge of languages: Spoken Written
 English Mandarin English Mandarin
 Malay Tamil Malay Tamil

Level of commitment: At least once a week Once in 2 weeks Once a month
 Ad-hoc basis Others (please specify): _____

Training request: Yes No

Note: Training for Volunteers

Methods of training will be in accordance to individual/group needs. This may be in the form of classroom teaching and/or on-the-job training.

Terms of agreement

I understand that by submitting this application, I agree to be interviewed by the volunteer co-ordinator and accept the hospital's decision on my suitability in the area of voluntary work I signed up for.

Confidentiality

The hospital places great emphasis on confidentiality, thus volunteers are requested not to break this code. Information on patients' diagnosis, treatment and condition must not be released.

Kindly send the completed forms to:

Kwong Wai Shiu Hospital,
Fund Raising Department,
705, Serangoon Road, Singapore 328127

Or fax to 62958131. Attn to Ms Angie Ng, Fund Raising Department.