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,
  Volunteerism Department,
  705, Serangoon Road, Singapore 328127

  Or fax to 6299 2406, Attn to Ms Soon, Volunteerism Department.