

COMMITMENT

1. The frequency of your voluntary work is:

- Once a week Once in 2 weeks Once a month
 Ad-Hoc Basis Others _____

2. Your availability for voluntary work is on:

Time	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT/ PAST VOLUNTARY WORK EXPERIENCE AND SPECIAL SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> Games/ Activities | <input type="checkbox"/> Fund Raising Events | <input type="checkbox"/> Outings |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Home Care Services | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Event Logistics | <input type="checkbox"/> Editorial/ Publications | <input type="checkbox"/> Diversional Therapy |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Art & Handicraft | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Flower Arrangement | |
| <input type="checkbox"/> Creative/ Skill-Based Interests | Please specify _____ | |
| <input type="checkbox"/> Others | Please specify _____ | |

UNDERSTANDING

I fully understand and agree that the information which I have provided is true and correct. The information may be used for purposes related to volunteering at the organisation. I understand that an interview shall be conducted and all applications will be considered thoroughly and acceptance is subjected to the organisation's need for volunteers in the areas of service and applicant's suitability to the organisation's requirements. All acceptance, rejection and task assignment shall be made with consideration and in the best interests of our patients. I agree and give consent to KWSH rights to use photos/videos taken during the activities or events for publicity purposes. I will inform KWSH if I do not wish to agree or consent to this.

Name & Signature:

Date:

Name & Signature of KWSH Staff:

Date:

Please mail, fax or email the completed form to:

Volunteer Executive
 c/o Corporate & Community Relations
 Kwong Wai Shiu Hospital
 705 Serangoon Road Singapore 328127
 Tel: 6294 6603 | Fax: 6295 8131
 Email: volunteer@kwsh.org.sg