



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Name (Dr/Mr/Mrs/Mdm/Ms)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Year of Birth	Age
Home Address Singapore ()			
Email Address	Home No.	Office No.	Mobile No.

KNOWLEDGE OF LANGUAGE

Spoken:	<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Malay	<input type="checkbox"/> Tamil
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Hokkien	<input type="checkbox"/> Teochew	<input type="checkbox"/> Hainanese
	<input type="checkbox"/> Others <i>Pls Indicate:</i> _____			
Written:	<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Tamil
	<input type="checkbox"/> Others <i>Pls Indicate:</i> _____			

DECLARATION (PLEASE ✓ WHERE APPROPRIATE)

Are you suffering from any medical/ mental illness, disease or physical impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify, including treatment: _____
Are you taking any long-term medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Have you ever been convicted of any criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____

COMMITMENT

1. The frequency of your voluntary work is: <input type="checkbox"/> Once a week <input type="checkbox"/> Once in 2 weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Ad-Hoc Basis <input type="checkbox"/> Others <i>Pls Indicate:</i> _____
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2. Your availability for voluntary work is on:

Time	Mon	Tue	Wed	Thu	Fri	Sat
Morning						
Afternoon						
Evening						

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 _____ | |

DISCLOSURE (POTENTIAL CONFLICT OF INTEREST)

Do you know or are related to any Board member, staff or patient in KWSH?

- Yes No

If yes, please specify name, department/ward & relationship: _____

Are you affiliated* to another charity?

- Yes No

If yes, please specify the name of charity: _____

Are you affiliated* to any vendor, supplier or any other party providing or bidding for providing services, having a direct or indirect interest in any business transaction(s), agreement, investment with KWSH?

- Yes No

If yes, please specify the name (individual/company) and relationship: _____

**Affiliated refers to being connected to another party who could be the following: Spouse, domestic partner, child, parents, siblings or close associates; any corporation, business or non-profit organization of which you serve as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have substantial interest or as to which you serve as trustee or in similar capacity.*

UNDERSTANDING

- KWSH will need to obtain personal data including NRIC no., upon acceptance of your application, in view of participation in government-related programmes, grants and subsidies.
In the event that you do not wish to disclose your information, you may choose to opt out.
 Yes, I wish to opt out.

- Photos/videos may be taken during the activities or events for publicity purposes. The information collected will only be used for purposes related to volunteering at the organization. We will undertake proper safeguarding of materials to ensure it is not used for any other purposes not informed to you. In the event that you do not wish to consent to the photo/video taking or wish to withdraw your consent, you may choose to opt out.
 Yes, I wish to opt out.
- An interview shall be conducted to assess the suitability and matching of volunteers to the various KWSH programmes and activities. Applications will be thoroughly considered, and acceptance is subjected to the organisation's requirements. All acceptance, rejection and task assignment shall be made with consideration and in the best interest of KWSH and our residents.
 I confirm that I have read and understand the above contents.
 I agree that I shall not participate in any discussion and decision-making of any matter(s) for which I declare a potential conflict of interests in.
 I hereby confirm that the information and disclosures provided above are complete and correct to the best of my knowledge and belief. I also agree that if I become aware of any inaccuracy in the information provided, I will notify the organization immediately.

For more information on PDPA, please refer to our website at <http://www.kwsh.org.sg/en/aboutus/PDPA>.

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: 64221291/298 | Fax: 6295 8131
Email: volunteer@kwsh.org.sg