

## VOLUNTEER APPLICATION FORM



For Official Use	
Programme Assigned	
Date of Commencement	
Date of Resignation	

Name (Dr/Mr/Mrs/Ms)	Gender <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Birth ____/____/____	Age																												
Home Address																															
Email Address	Home No.	Office No.	Handphone No.																												
NRIC / Passport No:	Race	Religion	Marital Status																												
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Others:																															
Occupation / Name of Employer		Highest Qualifications																													
Type of Driving License & Transport Available																															
Have you ever been convicted in a court of law in any country? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If yes, please specify:																															
Do you have a medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify, including treatment		Are you currently undergoing counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify,																													
Current / Past voluntary work experience and special skills			Preference to work with <input type="checkbox"/> Youth <input type="checkbox"/> Children																												
Area of Volunteer Interest <input type="checkbox"/> Befriending <input type="checkbox"/> Organising Activities <input type="checkbox"/> Giving Tuition <input type="checkbox"/> Reading (Centre based) <input type="checkbox"/> Group Leader																															
Duration of commitment - <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Others: _____																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th>Availability</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Availability	Mon	Tue	Wed	Thu	Fri	Sat	Morning							Afternoon							Evening						
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How would your friends describe you?
What are some of your hobbies in your free time?
How did you learn about SHINE Children and Youth Services? <input type="checkbox"/> Media <input type="checkbox"/> Friends / Relatives <input type="checkbox"/> School <input type="checkbox"/> NVPC / NCSS <input type="checkbox"/> Others : _____
Why would you want to volunteer?
Why did you choose to volunteer with SHINE Children and Youth Services?

**Collection, Use and Disclosure of Personal Data Statement**

I understand and agree that my personal data may be collected, used and disclosed by SHINE Children and Youth Services to facilitate my volunteering service at SHINE Children and Youth Services. The personal data includes all personal information provided in this form, and/or any documents provided by me or from other sources. I understand that SHINE Children and Youth Services will collect, use or disclose personal data only for purposes that a reasonable person would consider appropriate in the circumstances.

SHINE Children and Youth Services may take photographs and/or record video/audio for services/activities which I am volunteering in. I understand and agree that I may appear in these photographs/video/audio and such materials may be used by SHINE Children and Youth Services for purposes including but not limited to publicity, annual reports, education and training and fundraising. I understand that volunteers will not be named in the photographs/video/audio used for such purposes and SHINE Children and Youth Services will take all reasonable measures to ensure that they are not put in negative light.

I agree to treat all information as well as photographs, video and audio on SHINE Children and Youth Services and its clients as confidential and will not collect, use or disclose them without the prior written permission of SHINE Children and Youth Services. I also understand and agree that I shall not take/record or use photographs, video and audio of SHINE Children and Youth Services and its clients during the course of my volunteering service without the prior written permission of SHINE Children and Youth Services.

I further agree to abide by the prevailing volunteer-related policies and guidelines of SHINE Children and Youth Services.

*SHINE Children and Youth Services relies on the generosity of donors and funders to serve its clients through various services and*

I agree to receive information on fundraising-related activities and/or initiatives from SHINE Children and Youth Services.

**Consent and Declaration by Volunteer**

1. I confirm that I understand and agree to the above "Collection, Use and Disclosure of Personal Data Statement".
2. I certify that the above information is true and correct and that I have not willfully withheld any pertinent information needed to assess my application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date