

VOLUNTEER APPLICATION FORM

Name (as in NRIC / Passport): (Dr / Mr / Mrs / Ms / Mdm)											
NRIC/Passport No.:		Date of Birth:		Nationality:		Race:					
Address:				Postal Code:							
Mobile No.:		Home Tel:		Email:							
Marital Status:		Religion:		Church Attending (if applicable):							
Occupation: <input type="checkbox"/> Student (Name of school / institution attending: _____)											
<input type="checkbox"/> Recent Graduate (Name of school / institution graduated from: _____)											
<input type="checkbox"/> Retiree or homemaker (Job / work background: _____)											
<input type="checkbox"/> Working adult (Company & job function / designation: _____)											
<input type="checkbox"/> Others (Please specify: _____)											
Languages / Dialects Spoken:											
Languages Written:											
Commitment of Volunteer Service:		Availability (please tick):									
<input type="checkbox"/> 6 months			Mon	Tue	Wed	Thu	Fri	Sat	Sun		
<input type="checkbox"/> 1 year		9am - 1pm:									
<input type="checkbox"/> Others: _____		1pm - 5pm:									
Preferred Services:				Preferred Location of Volunteering:							
<input type="checkbox"/> SACS Psychiatric Services		<input type="checkbox"/> SACS Senior Services		<input type="checkbox"/> North		<input type="checkbox"/> South		<input type="checkbox"/> East		<input type="checkbox"/> West	
Interested Areas of Volunteering:											
<input type="checkbox"/> Administration		<input type="checkbox"/> Arts and Craft		<input type="checkbox"/> Education		<input type="checkbox"/> Cooking		<input type="checkbox"/> Others: _____			
<input type="checkbox"/> Organizing Activities		<input type="checkbox"/> Befriending		<input type="checkbox"/> Music Therapy		<input type="checkbox"/> Social Enterprises		<input type="checkbox"/> Pastoral Care*			
<small>*Must be Christian & fill up back page</small>											
Volunteer Experience: Have you ever volunteered in another organisation? <input type="checkbox"/> Yes* <input type="checkbox"/> No											
*If yes, please provide details:											
Name of the organisations: _____						Volunteer responsibilities: _____					

Declarations

Medical Record:	
Are you suffering from or have you ever suffered any physical impairment, e.g. deafness, wheelchair-bound, or chronic illness, e.g. diabetes, hypertension, mental health issues, etc.?	
[<input type="checkbox"/>] Yes*	[<input type="checkbox"/>] No
Criminal Record:	
Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined, or imposed for the violation of any law (excluding minor traffic violations)?	
[<input type="checkbox"/>] Yes*	[<input type="checkbox"/>] No
* If "yes" to any of the above question(s), please provide details:	

Your Emergency Contact

Contact Person:		Tel:		Relationship with you:	
Address:					
<small>(if not the same as your own)</small>					

Statement of Understanding

I hereby declare that the information furnished on this application is true and accurate. I consent to having my personal data recorded in the relevant database(s) of Singapore Anglican Community Services; to be contacted by the organisation's relevant departments, and to accept the organisation's decision on my application to be a volunteer.	
Signature: _____	
Date: _____	



AGREEMENT TO TERMS OF VOLUNTEERING FORM

- I agree to commit to the agreed minimum period of volunteering, as discussed with the Volunteer Coordinator. In the event that I would require periods of absence from the volunteering, I agree to inform the Volunteer Coordinator or the staff whom I will be working directly with. As a volunteer, I will give notice to the staff if I need to terminate my volunteering commitment before the indicated period.
- I agree to be placed under the charge of the officers conducting the volunteer programme(s) and shall follow all reasonable rules governing my safety and behaviour and the rights of Singapore Anglican Community Services (SACS) and its clients. I will work agreeably with SACS' staff and fellow volunteers for the best interest of the organisation and its clients.
- In the event that my volunteer work exposes me to personal, privileged and/ or confidential information pertaining to SACS, its clients, or staff; I shall ensure that the information is not leaked or shared by me over unauthorised media and platforms, or to unauthorised third parties.
- I will not conduct any media interviews, photography or videography with/ of the clients, or SACS' operations without prior request to, and permission from SACS Corporate Communications Department or the staff whom I work directly with. I agree to abide by the SACS' decision on where and how the photos/videos, if taken, may be shared or used.
- I confirm that I shall not be paid any wages or salary during my period of voluntary service. I agree, too, to not accept any kind of gifts from the clients; and shall inform the Volunteer Coordinator if such an offer had been made to me.
- I will respect the religious beliefs, culture and customs of the clients.
- I will not share my religious beliefs without being asked or invited to do so by clients, caregivers, staff, and other volunteers.
- I agree to not offer unconventional health or medical treatment or therapy solutions to any clients, regardless of whatsoever healthcare or medical training or experience that I may have, or not.
- I accept that participation as a volunteer may involve certain amount of risks, both foreseeable and unforeseeable. I shall not hold the organisation or any of its employees or agents liable for any loss, injury, mishap and/ or accident arising directly or indirectly as a result of, or in connection with, this activity.
- I understand that further interactions with clients after they are discharged from the services of SACS will be in my personal capacity and not as a SACS representative.

Volunteer's Name: _____

NRIC/ Passport No.: _____

Volunteer's Signature / Date: _____

For volunteers under 21 years of age:

I, _____ (Full Name), _____ (NRIC / Passport No.),

*Father / Mother / Guardian of the volunteer, permit my *child / ward to volunteer at Singapore Anglican Community Services and agree to all the terms of volunteering that has been made known to my *child / ward.

*Please delete where not applicable

Father / Mother / Guardian Signature / Date: _____