

CONFIDENTIAL



LOVING HEART MULTI-SERVICE CENTRE (JURONG)
Block 316, Jurong East St 32, #01-279 Singapore 600316
Tel: 6567 4166 Fax: 6569 7957
Website: www.lovingheartj.org

Please attach a recent photograph

VOLUNTEER APPLICATION FORM

PERSONAL PARTICULARS

*Name: Dr/Mr/Ms/Mdm (please <u>underline</u> surname)		*Gender : Male / Female	*NRIC No:
.....		*Date of Birth:	*Age:
*Address: Singapore		*Home Tel:	Office Tel:
		*H/P:	
		*Email:	
*Nationality: Singaporean/Permanent Resident/Foreigner (please specify):			
*Marital Status: Single / Married / Separated / Divorced / Widowed			
*Ethnicity: Chinese / Malay / Indian / Eurasian / Other:			
*Language Proficiency: English / Mandarin / Malay / Tamil / Others or Dialects:			
Religion: Buddhism / Christianity / Hindu / Muslim / Roman Catholic / Free-thinker / Other:			
Interest: Children / Elderly / Others:			
*Occupation:		Name of School/Company:	
*Highest Educational Qualification: Pri Level/ 'N' Level/ 'O' Level/ 'A' Level/Diploma/Degree/Honours/Masters			

Those marked with * are compulsory fields.

AREA OF INTEREST

<input type="checkbox"/> Tuition	<input type="checkbox"/> Food Ration	<input type="checkbox"/> Administrative	<input type="checkbox"/> Chinese Clinic (T.C.M)
<input type="checkbox"/> Fund-Raising: Charity Dinner	<input type="checkbox"/> Mentoring (S.T.A.M.P/S.T.R.I.V.E)	<input type="checkbox"/> House Cleaning	

TIME AVAILABILITY (please indicate timing available in the boxes)

	Weekdays					Weekend	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

These hours are: fixed flexible

COMMITMENT (*I can volunteer on a ...)

<input type="checkbox"/> Short-term basis (at least 6 months)	<input type="checkbox"/> A year basis (at least a year)	<input type="checkbox"/> Long-term basis (up to 2 years)
<input type="checkbox"/> Ad Hoc Basis	<input type="checkbox"/> Others: (please specify until which month you are able to commit) _____	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Every _____ weeks

REFERRAL SOURCE

How did you find out about our organisation? NVPC Website Facebook Posters/Banners
 Family/Friends Newspaper Others: (please state) _____

VOLUNTEERING EXPERIENCE

Have you ever volunteered? Yes No

Have you ever volunteered with Loving Heart Multi-Service Centre? Yes No

If yes, please list the organizations that you have volunteered with:

Name of organization	Role	Period of volunteering:	Still volunteering:
			Yes/No
			Yes/No

DECLARATION

Have you been medically diagnosed with any mental/physical condition (s) which could prevent you from competently and safely offering your service (s) as a volunteer? Yes No

Have you been charged with any offense in a court of law in any country (excluding traffic offences)? Yes No

If any of the answer to the above is 'yes', please provide details: _____

TERMS AND CONDITIONS

By submitting this application and by participating as a volunteer, I, the undersigned, affirm that I have read, understood and agreed with the following:

- a) I accept full responsibility for the accuracy and completeness of the information and documents contained herein and understand that any false or misleading information may cause rejection or termination of my voluntary service. As such, I also authorize Loving Heart Multi-Service Centre (Jurong) (LHMSCJ) to verify all information contained herein, to confirm the accuracy and completeness of the information.
- b) I understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for fundraising as well as public relations and publicity purposes. I trust that the information will strictly be used for the purposes stated. (If you wish to opt out, you may indicate your preference at any time to our executive officers.)
- c) My involvement in LHMSCJ is solely on a voluntary basis and shall not involve any form of remuneration, both in monetary terms (e.g. allowance and reimbursement of expenses) as well as in kind (e.g. gatherings, using of facilities), in return for services rendered, unless otherwise stated.
- d) During the time of my voluntary service, I shall not promote the services and products of any other organizations and/or company.
- e) LHMSCJ will not be liable for any injuries or loss of properties incurred as a result of my participation in such activities.
- f) I will abide by the policies and procedures set forth, which guides the work of staff and volunteers in their work with the beneficiaries. When in doubt, I will refer to the respective staff for clarification. LHMSCJ reserves the right to reject my application or terminate my voluntary service at any time.

Under the Personal Data Protection Act (2012),

- g) LHMSCJ collects, uses and discloses personal data for the purpose of providing services to our clients, engaging volunteers and donors, working with partners, reporting to proper authorities and other relevant and reasonable work that are necessary to facilitate and enhance our services. If you wish to opt out, you may indicate your preference at any time to our executive officers.
- h) We will retain your personal data for a reasonable period for the purposes as cited, or as required by law. You may request in writing for access to your personal information. If there is any need to update or revise your personal data, you can do so in writing to us with documentary proof.
- i) Information on beneficiaries should be kept confidential (including photos and videos of clients as well as our events). Volunteers must not collect, use or disclose them without permission of LHMSCJ.

_____ Date

_____ Signature of Applicant

FOR OFFICIAL USE ONLY

Remark:

Date of Interview: _____

Name of Staff: _____