

CONFIDENTIAL
SINGAPORE CHRISTIAN HOME
VOLUNTEER APPLICATION FORM

| PERSONAL PARTICULARS | | | |
|--|--|---|----------------|
| Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms | Full Name (Please underline surname) | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Age |
| NRIC / Passport No | Nationality | Race | Marital Status |
| Religion | Date of Birth ____/____/____ (DD/MM/YYYY) | Occupation | |
| Interests / Skills | | Educational Level | |
| Languages / Dialects 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"/> Hakka <input type="checkbox"/> Others : _____ | | | |
| CONTACT INFORMATION | | | |
| Address (S) | | Contact Number (H) _____ (HP) | |
| Email | | | |
| VOLUNTEER EXPERIENCE (IF APPLICABLE) | | | |
| Organisation | Period of Service | Type of Service | |
| | | | |
| | | | |
| EMERGENCY CONTACT | | | |
| Name of Contact for Emergency | Relationship | Contact Number : _____ (H) _____ (HP) | |
| VOLUNTEERING SCHEDULE | | | |
| I am interested to volunteer in the following activities (Please put a √ where appropriate) | | | |
| Regular activities : <input type="checkbox"/> Befriending <input type="checkbox"/> Tabletop activities <input type="checkbox"/> Music/performances <input type="checkbox"/> Handicraft <input type="checkbox"/> Celebrations Ad Hoc Projects : <input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/> Graphic Design <input type="checkbox"/> Fundraising <input type="checkbox"/> Copy writing | | | |
| Others, pls specify : _____ | | | |
| Level of Commitment : | | | |
| <input type="checkbox"/> Long-term basis (at least a year) from _____ to _____ <input type="checkbox"/> Short-term basis (at least 3 months) from _____ to _____ <input type="checkbox"/> Once-off basis / Whenever I'm free from _____ to _____ | | | |
| Other remarks : | | | |

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PERSONAL DATA PROTECTION ACT & DECLARATION

By signing this volunteer application form, I understand and consent to Singapore Christian Home (SCH)'s collection, storage, processing, disclosure, accessing, reviewing, deletion and/or use of my personal data set out above and/or as may be provided to SCH from time to time, whether obtained from me or from someone acting on my behalf, for the purposes set out below:

- (a) Contacting me regarding the tasks I undertake or may choose to undertake as a volunteer with SCH;
- (b) Sending me SCH newsletters;
- (c) Contacting me about future volunteering and fundraising opportunities;
- (d) Usage/disclosure in the process of record keeping and any internal or external audit or data management process;
- (e) Preparing SCH's publications including annual reports and online publication on SCH's website and social media platforms; and
- (f) Any other purpose incidental to the above.

I understand that during the course of my volunteer service, and/or at events organized by SCH which I may participate in, photographs and video may be taken of me by SCH, and that such photographs and videos may thereby be used by SCH for the above purposes. I hereby consent and agree that SCH may use any such photographs and video images for the above purposes.

I understand that I may choose to opt out of having my personal data used/disclosed for purposes in (b) and (c) above by informing SCH's Data Protection Officer at: dpo@schome.org.sg

I also understand that I may withdraw my consent to SCH's collection, use, disclosure or processing of my personal data for the above purposes at any time by contacting SCH's Data Protection Officer at the details above.

I hereby acknowledge and agree that if I withdraw my consent to SCH collecting, using, disclosing or processing my personal data for any of the above purposes, SCH may not be able to carry on its relationship with me and/or allow me to carry on as a volunteer with SCH and that SCH shall have the right to proceed as mentioned without any liability to me.

I understand that I am obliged to maintain due confidentiality in the course and interaction with the residents of SCH during my voluntary service for the organization. I will not without prior written consent of SCH, destroy, make copies, duplicate, disclose or reproduce in any form to any third party any confidential information, including but not limited to personal data, whether relating to me or any other individual, obtained during my voluntary service, unless expressly authorized by SCH. All information must be dealt with in compliance with the Data Protection Act and SCH's Personal Data Protection Act Internal and External Policies.

Applicant's Name & Signature : _____ Date : _____

FOR OFFICIAL USE

| FOLLOW-UP | COMMENTS |
|---|----------|
| <p><input type="checkbox"/> Telephone interview was conducted on : _____</p> <p><input type="checkbox"/> Face-to-face interview was conducted on : _____</p> <p><input type="checkbox"/> Accepted and assigned to : <input type="checkbox"/> CED <input type="checkbox"/> Nursing <input type="checkbox"/> Facilities <input type="checkbox"/> Office</p> <p>Date of Commencement : _____</p> <p>Date of Cessation : _____</p> <p>Reasons for Cessation : Resigned / Inactive / Other Commitments : _____</p> <p><input type="checkbox"/> Rejected / Unsuitable / Withdraw <input type="checkbox"/> KIV : _____</p> | |