

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				_____(O)			
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 \surd where appropriate) Please refer to Annex A for more information.							
Day / Time	Mon	Tue	Wed	Thu	Fri	Sat	
AM	<input type="checkbox"/> Therapeutic activities	<input type="checkbox"/> Therapeutic activities	<input type="checkbox"/> Therapeutic activities	<input type="checkbox"/> Therapeutic activities	<input type="checkbox"/> Therapeutic activities	<input type="checkbox"/> Therapeutic activities	
	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	
	<input type="checkbox"/> Outings to Canberra Park		<input type="checkbox"/> Gardening			<input type="checkbox"/> Weekend friends	
PM	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	<input type="checkbox"/> Sewing / Craft Work	
	<input type="checkbox"/> Music or Games	<input type="checkbox"/> Music or Games	<input type="checkbox"/> Music or Games		<input type="checkbox"/> Music or Games		
					<input type="checkbox"/> Cooking		
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							

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Level of Commitment :

- Long-term basis (at least a year)
- Short-term basis (at least 3 months) from _____ to _____
- Once-off basis / Whenever I'm free from _____ to _____

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 Personal Data Protection Officer at

Michael Leong
 Assistant Director (Service Delivery)
 Tel: 6831 5196
 Email: leongmichael@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 Personal 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 Personal Data Protection Act and SCH's Personal Data Protection Act Internal and External Policies.

Applicant's Name & Signature _____ Date _____

FOR OFFICAL USE

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

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VOLUNTEERING OPPORTUNITIES

ACTIVITY	Day	TIME SLOT	DETAILS
Therapeutic activities	Any day between Monday to Saturday	9-10.30am	Befriend residents by engaging residents in table top activities such as board games, puzzles and simple exercises. Materials would be provided.
Weekend friends	At least 3 months Saturdays	9-11.30am	Assist residents on weekend include wheeling residents down to the Multipurpose Hall to attend activities, accompanying residents in activities, interacting and assisting residents at wards.
Befriending	At least 3 months Any day between Monday to Saturday	9-11am	Be a friend to one resident and lend a listening ear to him/her.
Gardening	At least 3 months Wednesdays	9-10am	Volunteers can help to engage residents in recreational horticultural activities such as weeding, pruning and planting within the Home.
Outing to Canberra Park	2 nd , 3 rd and 4 th Monday of the month	9am-10am	Volunteers will assist in wheeling residents to Canberra Park for a recreational scenic walk.
Music or Games	Any weekdays except Thursday	2.30-3.30pm	Organise social sing along, musical sessions, crafts or games, such as Bingo, for residents at wards, preferably with your own musical instruments to engage the residents.
Cooking	Once a month on Friday	2.30-4.00pm	The session aims to motivate and engage residents in upper body exercise through simple meal preparation.
Sewing / Craft Work	Any day	10-4pm	Volunteers adept at needle work may help to sew and mend clothing or engage residents in simple craft work