

Volunteer Application Form

I am interested in volunteering with WE CARE Community Services Limited:

- As an individual
- On behalf of a group (Group size: _____)

Personal Particulars		
Name: Mr / Mrs / Ms / DR		NRIC / FIN / Passport No:
Citizenship / Nationality:	Race: Chinese / Malay / Indian / Others (Please indicate):	Gender: Male / Female
Date of Birth / Age:	Address:	
Contact no (Home):	Contact no (Office):	Contact no (Handphone):
Email:		
Spoken Language/s:		Written Language/s:
Interests / Hobbies:		
Emergency contact person:	Relationship:	Contact No:
Profession		
Occupation / Designation:	Company / Institution Name:	
Areas of Specialization:		
Volunteering experience		
Any previous experience in volunteering? *Yes / No If yes, please specify the name(s) of organization and the nature of your involvement:		
Areas of expertise / skills / strengths		
Areas of volunteering interest/s in WE CARE?		

Preferred volunteering day/s and time/s: (Or duration)

Other information *(Please circle as appropriate)*

Do you presently suffer or have you ever suffered from any known medical condition/s such as, allergies, medical concerns, addiction issues, etc?
If yes, please specify:

Yes / No

Do you have any criminal record and/ or drug record in Singapore?
If yes, please specify:

Yes / No

Declaration

If accepted, I agree to abide by the conditions laid down by WE CARE Community Services Limited regulating my duties as a Volunteer. I confirm that the above information is true and accurate to the best of my knowledge.

_____ Date

_____ Signature

WE CARE Administration

Reviewed by:

_____ Date

_____ WE CARE Director (Name/Signature)

Updated on 17 Jul 2020

Email to help@wecare.org.sg Fax : 6491 5338 Tel : 3165 8017