



CHILDREN'S AID SOCIETY
 503 Clementi Road
 Singapore 599488

VOLUNTEER APPLICATION FORM

Thank you for wanting to volunteer your services at the Children's Aid Society. In the interests of the children at the Home, we need your cooperation to provide us with personal information for security screening purposes and to help us in maintaining our resource database. All information shall be treated as strictly confidential.

PART I PERSONAL PARTICULARS			
Name (As in NRIC, Underline Surname)		Aliases (If Any)	
Address		Contact Particulars Mobile: Email:	
NRIC /FIN No.	Sex	Are you 18 or above?	Yes/No
Language Proficiency (Spoken & Written)			

PART II EMERGENCY CONTACT	
Name	Contact Particulars (e.g. Mobile number)
1.	
2. (Optional)	

PART III EDUCATIONAL/PROFESSIONAL BACKGROUND:

PART IV WORKING EXPERIENCE			
From	To	Name of organization	Position Held

PART V VOLUNTARY HISTORY			
From	To	Name of organization	Area of involvement

PART VI TYPE OF VOLUNTEER SERVICES YOU COULD PROVIDE AT THE HOME

Nature of Service (please tick):

 Direct Volunteering -- enjoy meeting and interacting with residents:

E.g.

- Give tuition: Subject(s) _____
- Level (s) _____
- Assist caregivers and caseworkers in the Home
- Assist in games, sports, excursions
- Assist in Art & Crafts, Music, Dance, Storytelling and other indoor activities
- Make learning resources
- Teach a Skill _____

 Indirect Volunteering -- enjoy getting involved behind the scenes:

E.g.

- Administrative work such as photocopying and stapling, typing.
- Organizing and planning various activities.
- Cleaning, painting, repairing and maintenance of premises.
- Gardening.
- Assist in the production of publications and newsletters in areas such as photography, copywriting, copy editing, graphic design and printing.

Available from (DD/MM/YY) _____ to _____ on the following day(s) and time:

DAY & TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
Morning (9am - 12pm)							
Afternoon (3pm - 6pm)							
Evening (7pm - 9pm)							

PART VII INTERESTS/HOBBIES
OTHER INFORMATION

Do you presently suffer from any physical impairment, or medical condition, including mental illness, deafness, handicap, etc. that would adversely impact on your ability to do a volunteer role that is assigned to you?

-
- Yes
-
- No



CERTIFICATION, CONFIDENTIALITY AND CONSENT

By signing below:

- a. I certify that the above information provided is true
- b. I will keep confidential all documents and information (including but not limited to personal data about residents of Melrose Home and/or their family and social connections) acquired by me in the course of volunteering with Children's Aid Society ('CAS'). I will not communicate, publish or distribute in any way or form whatsoever any such confidential information either directly or indirectly to any other person or organisation either during the time I am volunteering with CAS or after I cease to volunteer with CAS, except as CAS may authorise me to do for the purpose of any particular volunteer assignment or activity.
- c. I consent to CAS collecting, using and disclosing the personal data about me in this Volunteer Application Form for the purpose of the Ministry of Social and Family Development ('MSF') carrying out security screening and for CAS determining my suitability overall for volunteering with CAS
- d. If accepted as volunteer to CAS, I consent to CAS using or disclosing the personal data in this Volunteer Application Form to the extent CAS may consider necessary or desirable for matching me with, assigning me to, and/or enabling me to carry out volunteering assignments (for example, by disclosing personal data about me to another voluntary welfare organisation) at the discretion of CAS
- e. If accepted as a volunteer to CAS, I agree to comply at all times with the Volunteer Guidelines adopted and issued by CAS and published on the CAS website

Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____

For Official Use Only:

Name of Interviewer: _____ Designation: _____

Task / Work Assigned: _____

Commencement Date: _____ Completion Date: _____

Remarks: _____

Signature of Interviewer: _____ Date: _____