



SOCIETY FOR THE AGED SICK

130 Hougang Avenue 1, Singapore 538900 • Tel: (65) 6922 6222 • Fax: (65) 6289 3227
Email: enquiry@societyagedsick.org.sg • Website: www.societyagedsick.org.sg

We are a member of



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Salutation: Mr / Ms / Mrs / Mdm / Dr Full Name as in NRIC: _____

NRIC (last 4 digits): _____ Date of Birth (DD/MM/YY): ____/____/____

Gender: Male Female Occupation: _____

Mobile No.: _____ Email Address: _____

SKILLS & EXPERIENCE

Language / Dialect Proficiency

Written: _____

Spoken: _____

Previous Experience

Please check any of the following in which you have had previous experience, exposure or training.

- CPR First Aid Therapy Nursing
 Administration Fundraising Event Helper
 Others (please state): _____

Please state any past experience, qualifications, hobbies or special skills which may be relevant to volunteering with us:

VOLUNTEER INTEREST

- Befriending Organising Activities Fundraising Administrative Support
 Therapy Support Promoting Awareness Runner (Help purchase items for residents)
 Art & Crafts Music Cooking
 Other Interests / Specialised Skills:

How did you get to know about us?

- Giving.sg Website / Search Engine (Google) Friends / Family / Colleagues
 School I stay nearby Others: _____



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VOLUNTEER COMMITMENT

How often will you be able to volunteer? *Please tick only one box*

Kindly note that each volunteer session will last up to 2 hours

- 2 – 3 times a week
 Once a week
 Once a Fortnight
 Once a month
 Weekends Only
 Ad Hoc
 Others (please state) : _____

Please indicate preferred day / time of service: *You may tick more than one box*

Day/Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM <i>Between 9am-12pm</i>							
PM <i>Between 12pm-5pm</i>							

DECLARATIONS

Medical Declaration

Do you currently have any medical conditions? Yes / No
If yes, please state: _____

Personal Declaration

Do you have any records or criminal convictions? Yes / No
If yes, please state: _____

COVID-19 Vaccination Declaration

Do you have at least 3 doses of COVID-19 vaccination? *(inclusive of one booster shot)* Yes / No

MMR and Tdap Vaccination Declaration

Are you currently vaccinated against MMR and Tdap? Yes / No

Please provide your vaccination record upon request

The above information is requested to assist the selection process and will only be taken into account when relevant

PERSONAL DATA PROTECTION ACT

The Personal Data Protection Act (PDPA) governs the collection, use, disclosure, and care of individual's personal data. In relation to the PDPA, we would like to seek your consent for the following:

I would like to receive updates and news from Society for the Aged Sick through:

- Email
 Mail
 Phone call/SMS/WhatsApp
 I do not wish to receive any updates and news



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DECLARATION AND RELEASE

- I declare the information that I have provided on this form to be true and correct. By providing my details, I understand that the organisation may use my details for record and reference purposes, but will not disclose information to any third party without seeking my permission.
- I declare that in accordance with SAS' PDPA guidelines, I will not reveal any personal information of SAS' residents to outside parties.
- I declare that in accordance with SAS' PDPA guidelines, I will not take any photos that show the faces or side profiles of SAS' residents, nor will I post any of such photos on social media without seeking the approval of relevant SAS staff.
- I undertake to indemnify and hold harmless SOCIETY FOR THE AGED SICK (SAS) and all related entities against all claims, damages, losses, expenses, costs, disbursements, and other liabilities which may arise while volunteering with SAS. By volunteering with SAS, I hereby agree to assume all risks arising out of or incidental to my participation.

Applicant's Signature

Date of Application

For use after Volunteer Orientation:

- I declare that I have read and received SAS' Volunteer Handbook. I agree to follow and abide by all the procedures, rules, and policies that it contains.
- I declare that I have read and received SAS' Volunteer Handbook. I agree to follow and abide by all the procedures, rules, and policies that it contains.

Applicant's Signature

Date of Application

For official use only:

Date of commencement: _____
 Date of Orientation: _____
 Date of Termination: _____

Remarks:

