



# 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 (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:

### Area of Volunteer Interest

- Befriending  Organising Activities  Fundraising  Administrative Support  
 Therapy Support  Promoting Awareness  Runner (Help purchase items for residents)  
 Other Interests / Specialised Skills: \_\_\_\_\_

### 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) : \_\_\_\_\_



# 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



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

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

## 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/SMS/ WhatsApp  
 I do not wish to receive any updates and news

### How did you get to know about us?

- NVPC                       Website / Search Engine (Google)                       Friends / Family / Colleagues  
 School                       I stay nearby                       Others: \_\_\_\_\_

### 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.

*If you have any questions, comments or concerns about how we handle your personal data, you may contact us at [volunteer@societyagedsick.org.sg](mailto:volunteer@societyagedsick.org.sg).*

### Opt out

You may inform us that you:

- do not want to be contacted in the future by us;
- would like us to correct, update, or delete your personal data in our records;
- wish to report any misuse of your personal data.



# 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



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 in the course of 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: \_\_\_\_\_