



VOLUNTEER APPLICATION FORM

TETRAPLEGIA WORKGROUP
 c/o Dept of Rehabilitation Medicine, TTSH
 Ang Mo Kio Community Hospital
 17 Ang Mo Kio Ave 9
 Singapore 569766
 www.tetraplegiaworkgroup.org



Tetraplegia Workgroup

Full Name (please underline surname) Dr/Mr/Mrs/Mdm/Ms*		NRIC/Passport No.	Date of Birth
S()		Pink/ Blue/ Others *	Nationality
Home Address		Contact No(s)	
S()		Home: _____ Fax: _____ (H)	(O)
		Office: _____	
		Pager: _____ Handphone: _____	
		Email: _____	
Office Address		Ethnic Group	Highest Education Level
S()		Religion	
Occupation (If retired, pls specify previous occupation)	Marital Status	No of children (if any)	Do you drive? Yes / No Class: _____
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> Others Pls specify _____ <input type="checkbox"/> Mandarin <input type="checkbox"/> Dialects Pls specify _____ <input type="checkbox"/> Malay <input type="checkbox"/> Tamil			
References: Please list the names, addresses and phone numbers of 2 people whom you know and would be willing and able to affirm and recommend your participation in TTSH.			
Name: _____ Phone: _____		Name: _____ Phone: _____	
Address: _____		Address: _____	
Do you have prior experience as a volunteer? Yes / No If yes, please elaborate _____ Areas of Interest/ Hobbies: _____			
Applicant's Signature _____		_____	
		Date of Application	
FOR OFFICIAL USE ONLY			
Outcome: _____		Entered by: _____	
Computer Record No. : _____		Date: _____	
Date of Resignation / Termination: _____		Entered by: _____	

All information given here will be treated in strict confidence.

* Please circle where necessary

Updated 9 Apr2002 – Volunteer Application Form

O Drive/CCOM/Volunteer

CCS-REC-01-04

Is there a particular type of volunteer working that you are interested? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Admin and Finance (Maintain database & coordinate members / volunteers / donors) | <input type="checkbox"/> Recreation and Logistics (Plan/organise Social & recreational activities) |
| <input type="checkbox"/> Publicity (Promote awareness of TW, Newsletter Editorial, Update events/information, Handle enquiries from media /press/ public) | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Befriending (home visit) | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| | <input type="checkbox"/> Other: _____ |

At what times are you interested in volunteering?

- Am flexible Prefer weekdays Prefer evenings Prefer weekends
- Others _____

Frequency of volunteering

- Daily Once a week Twice a week One time project On call any time

Do you have access to an automobile you can use for volunteer work?

- Yes No Occasionally

How did you hear about us?

- Printed advertisement Saw position from TTSH Volunteer Services website
- Referred by friend/volunteer Others: _____

Next-of-Kin

Name : _____ Relationship: _____

Contact No: _____

If you are under 18 years of age, please complete the following:

Name of Parent or Guardian: _____ School: _____

Contact No: _____ Education Level: _____

Why do you want to volunteer? _____

Health Conditions / Restriction _____

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Starting Date of Service:

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* Please circle where necessary

Updated 6 May – Pg 2 of Volunteers Application Form

O Drive/CCOM/Volunteer/Forms

CCS-REC-01-04